

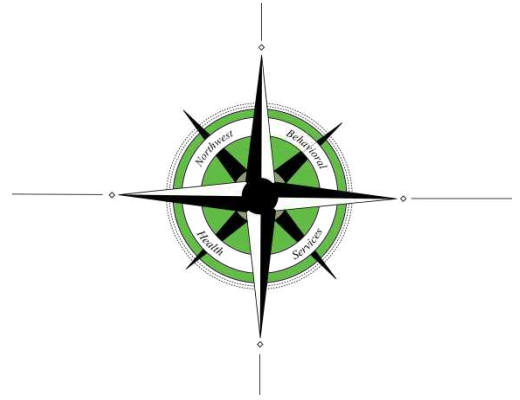
# Northwest Behavioral Health Services

121 S. Wilke Rd STE 200  
Arlington Heights, IL 60005

Phone: (847) 577-0904

Fax (847) 577-0904

www.nwbhs.net



## Questions to ask your insurance company prior to scheduling an appointment at our office:

(Please write down their answers to provide our staff)

So that we can help you estimate your out-of-pocket expense, **please call the number on the back of your insurance card and ask them the following 9 questions: (Our NPI Number is 1770609315)**

1. Does my plan have mental health coverage for outpatient office visits and/or in-home visits? \_\_\_\_\_
  - **Give them the Procedure Code(s) for the type of service(s) you are seeking and ask if the code(s) is/are covered under your plan.** (Please note that your specific plan may exclude certain services. For example, do not assume that just because Individual Therapy is covered, Family Therapy will also be covered.)
    - 90801 Diagnostic Interview (For all first time appointments) Y or N
    - 90806 Individual Psychotherapy Y or N
    - 90846 Family Psychotherapy without the Patient Present Y or N
    - 90847 Family Psychotherapy with the Patient Present Y or N
    - 96118 Neuropsychological Evaluation Y or N
    - 96101 Psychological Evaluation Y or N
    - 90857/90853 Group Psychotherapy Y or N
2. Are there any mental health diagnoses excluded by my plan? Y or N Which ones? \_\_\_\_\_
3. Are there yearly limits on the number of visits allowed? Y or N Number allowed: \_\_\_\_\_
4. Are there provider types that are excluded by my plan? Y or N Which ones? LPC, LCPC, LMFT, PsyD
5. For outpatient office visits and in-home visits, where should claims be submitted? \_\_\_\_\_
6. What is the electronic billing number for the insurance company \_\_\_\_\_
7. What is my deductible for the year? \_\_\_\_\_
8. How much of my deductible have I already met? \_\_\_\_\_
9. What is my co-insurance percent? (ex: 90/10, 80/20, etc.) \_\_\_\_\_
10. Am I responsible for a co-pay at each visit? Y or N If so, how much is it? \_\_\_\_\_
11. Is pre-authorization required? Y or N
12. May I have a Reference Number for this call? \_\_\_\_\_

Once you have the answers to the 6 questions above, please call us at 847 577-0904 and provide us with that information. We will then be able to estimate your out-of-pocket expense for you. Sometimes it is hard to know what to ask the insurance company so hopefully having a list of specific questions helps make it a little easier to get that information from your insurance carrier. If you have any difficulty obtaining answers to these 6 questions, please give the insurance representative our telephone number 847 577-0904 and ask them to conference us in on your call so we can help you while you are still on the line with them.