



Jupiter, FL (561)744-7616 ♦ Delray Beach (561) 206-2706 ♦ Fax: 866-670-3219
www.CenterforBrain.com

Insurance Instructions

SUMMARY: This document tells you some of the questions to ask of insurance companies about whether our services are covered. It also explains other issues regarding insurance. The Center for Brain Training is not an in-network insurance provider. Though we file for insurance for reimbursement, your insurance may or may not reimburse us. Some companies may take up to three months to reimburse. The insurance companies may not notify us about your claims status or payment. **Please read thru questions prior to calling your insurance plan and share any information you receive from your insurance company** with us.

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1. Do you have out-of-network benefits? _____ **If not insurance reimbursement is not possible.** The Center is out of network _____ If yes please continue.
2. Does your policy cover mental health? _____.
If so, continue to #3, if not, reimbursement is not possible **unless you have a diagnosis of Sleep disorder / Blood pressure issues / migraines / chronic pain / fibromyalgia / seizures / Chronic Fatigue syndrome / stroke or aneurism or other brain rehab issues.** **If so, ask the agent if your policy covers code 96152 _____ if not,** reimbursement is not possible. If so, continue to ask the appropriate questions.
3. Do you have a deductible? _____
If so, how much is your out-of-network deductible? _____.
4. Is your mental health deductible separate from your regular health benefits? _____
-If separate how much is your mental health out-of-network deductible? _____.
-How much of your deductible have you met this year? _____.
-When is the end of your insurance policy's fiscal year? _____
5. Does your insurance company reimburse the providers of out-of-network services directly or do they reimburse the policy holder? _____
6. Do you need authorization for treatment? _____
-If so what is the authorization number? _____
-How many visits is the good authorization for? _____
7. Who reauthorizes your treatment, the provider or the policy holder? _____
8. What are the limits of your out-of-network mental health services? _____
Are you limited to a specific number of visits per year or a specified monetary amount? _____
If yes, explain here: _____
If additional sessions are necessary can they be obtained by the provider stating your need for additional treatment or do you have a maximum allowed? _____
9. Will your insurance company reimburse for codes 90901 _____ or 90876 _____
90806 _____ or 96152 _____

(Note: often, the Center often can only bill 90901. Some situations may at times allow other codes. 96152 if for medical diagnosis only. The information is for clarification though).

Is there any type of documentation necessary for either code prior to treatment?
If so what is needed and where is the information sent?

10. Ask your insurance company to indicate the amount of payment they will pay for procedure 90901 _____ and or 90876 _____ or 90806 _____ 96152 _____. You may get an amount or a percentage. This is asked in order to assist you in determining your financial responsibility for treatment. So please try to get an actual amount. (90901 is the best true biofeedback code. If they wont pay for any of the 3 codes then it will be all out of pocket for the patient)

11. If an MD requests an EEG for the patient, which codes will be covered? (A qEEG brain mapping may be very beneficial to the patients progress and would be strongly encouraged if there has been brain damage or mysterious chronic ongoing issues)

qEEG codes: 95816 _____ /\$ _____ 95957 _____ /\$ _____ 95818 _____ /\$ _____

Ask the insurance company for the name of the person you have been speaking with and write the name, the date, and approximate time here

SIGN THIS FORM This indicates that: 1) you have gained the required information and that 2) you understand that filing for reimbursement is not a guarantee that the insurance company will reimburse. You understand you are responsible for either partial (when insurance reimburses) or full payment for your treatment if your insurance carrier will not reimburse. Insurance companies do not reimburse out-of-network providers directly but do reimburse the policy holder so **you are required to pay at the time of service and we will work to get you reimbursed.** Your signature also gives the center permission to share required information with your insurance company in order to help you receive reimbursement.

Patient's name: _____

Signature of Authorizing Party who is financially responsible:

Name (in print) _____

Address _____

City, State, Zip _____

Date signed: _____

Last things needed for us to help you file a claim is a **Diagnosis code** for the patient.

_____ this would come from the primary doctor or therapist of the patient for the condition being treated. It is probably on an insurance form they have filed previously. **Make sure that the insurance will pay for the procedure codes for that diagnosis! The code will look like 299.03 or 314.01. Insurance will not pay with out a diagnostic code and prescription from a Doctor!**



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