

## Questions For Your Insurance Company

The benefits for therapy are often different than your typical medical coverage. Prior to attempting to make an appointment with a therapist, contact your insurance company and obtain the following information. This will expedite the process to verify which therapist would be appropriate for you to set up an appointment.

To find out which mental health providers are in-network (contracted) with your provider, call the phone number on the back of your insurance card and ask the representative to send you a list of in-network providers. (You may also look on your insurance company's website.) Your insurance card may have a separate phone number for mental health, substance abuse coverage, or pre-authorization. If there is not a separate number listed, you may need to ask your insurance company's customer service agent if there is a specific number you should call to determine your benefits for outpatient mental health.

When you speak with the representative regarding mental health coverage, ask:

1. What are my benefits for outpatient mental health?
2. Do I need pre-authorization? (If the answer is yes, get sessions pre-authorized by talking to a case manager at your insurance company.)
3. While I know I can go to an "in-network" mental health provider contracted with the insurance company, does my plan include out of network benefits? (Typically, most HMO's do not have out of network benefits, but PPO's often do.) Please note that while none of the licensed therapists at Family Therapy Institute are in-network or contracted with ANY HMO plans, we do offer a low-cost clinic where you would be charged based on a sliding scale.
4. Make sure that you ask what your out of net-work benefits are if you have a "parity diagnosis." A law was passed in California that mandates that insurance companies pay for certain mental health conditions the same way they would pay for physical conditions. Examples of parity diagnosis include depression, anxiety disorders, panic disorder, eating disorders and many others. Your therapist and/or medical doctor will know whether you have a parity diagnosis.
5. **What exactly will my insurance pay for an out-of-network therapist?**
6. Do I have a deductible for mental health? Has my deductible been met? If not, what do I still have to pay before my insurance will cover mental health?
7. To find out if a therapist at the Family Therapy Institute is a participating provider in your plan, give the representative you are speaking with the therapist's NPI number. You may look up a therapist's NPI number at <https://npiregistry.cms.hhs.gov/search>, or call our office and request the NPI number for a given therapist. (*\*Please understand that although a therapist may be a provider on your plan, he or she may or may not be taking new referrals.*)

Once you know this information, we can better assess what your options are and then possibly make an appointment with a therapist that would work for you.