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### **Guide to Verifying Your Out-of-Network Insurance Mental Health Benefits**

**Have the following information completed before contacting your insurance carrier, as they are likely to ask for this information before they can determine the services for which you qualify.**

Policy Holder's Name: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_

Policy Holder's ID #: \_\_\_\_\_ Group or Plan #: \_\_\_\_\_

Mental Health Insurance Carrier/Company Name: \_\_\_\_\_

Insurance Carrier Address: \_\_\_\_\_  
Street City State Zip

**Make sure you read your insurance policy carefully and call the telephone number on your policy that connects you with the "Mental or Behavioral Health Benefits" department (usually on the back of your insurance card). If requested, you will be provided with Dr. Novit's National Provider Number (NPI).**

**It is important you write down the answers to the following questions for future reference, as careful documentation is vital should you encounter any difficulties or delays in the processing of your claims.**

**Ask your insurance carrier the following questions to determine whether you qualify for out-of-network benefits with Dr. Novit's practice:**

- Record the date and time of your call, as well as, the phone number you called  
\_\_\_\_\_
- Is this the correct number to call about my mental health benefits coverage? YES / NO
  - If yes, in case we get disconnected, what is your name, phone number and extension so I can call you back? \_\_\_\_\_
  - If no, what is the correct phone number? \_\_\_\_\_
- Do I have out-of-network provider coverage for mental health services? YES / NO
  - How does the coverage differ between in-network and out-of-network providers?  
\_\_\_\_\_
- Do I need a referral from a physician before I start mental health services? YES / NO
  - If yes, is any specific information needed from the physician? YES / NO
  - If yes, are there particular forms that need to be completed during this process? YES / NO
  - If yes, how can I or the physician get those forms? \_\_\_\_\_

- Is pre-authorization required for mental health services? YES / NO
  - If yes, what is the authorization number for the initial visit? # \_\_\_\_\_
  - What is the authorization number for subsequent visits? # \_\_\_\_\_
  - How many visits are approved by this authorization? # \_\_\_\_\_
  - What is the maximum number of psychotherapy visits allowed per year? # \_\_\_\_\_
- Is a separate pre-authorization required for psychological testing services? YES / NO
  - If yes, what is the authorization number for testing services? # \_\_\_\_\_
  - What is the maximum number of psychological testing hours allowed per year? # \_\_\_\_\_
  - What is the maximum coverage amount for psychological testing per year? \$ \_\_\_\_\_
- Is there a separate mental health deductible for the policy? YES / NO
  - If yes, how much will I have to pay before my benefits start covering expenses? \$ \_\_\_\_\_
  - How much of my deductible has already been met? \$ \_\_\_\_\_
  - If no, how much is my medical deductible that includes mental health services? \$ \_\_\_\_\_
  - Is my deductible based on the calendar year or a different 12-month period?
    - CALENDAR MONTH OF \_\_\_\_\_ TO \_\_\_\_\_
- Do I have a co-pay at the time of each visit? YES / NO
  - If yes, what is the amount of my co-pay? \$ \_\_\_\_\_
- Do I have a co-insurance cost per visit? YES / NO
  - If yes, what is that cost? \$ \_\_\_\_\_
- How much does my mental health insurance pay for an out-of-network provider? \$ \_\_\_\_\_
- What percentage of each psychotherapy visit will be reimbursed to me? % \_\_\_\_\_
- What percentage of psychological testing will be reimbursed to me? % \_\_\_\_\_
- What specific claim forms must I use and what information do you require on those forms?

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• What is the exact address for submitting those claim forms?

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- How much time can I expect between submitting claim forms and receiving reimbursements? \_\_\_\_\_
- What is the maximum time the insurance company can take to process my claims? \_\_\_\_\_
- Whom can I contact if I have questions/concerns about the processing of my claims?  
 Name/Title \_\_\_\_\_  
 Number + Extension \_\_\_\_\_ Email Address \_\_\_\_\_

### **Important Instructions for Filing Your Own Insurance Claims**

- Dr. Novit will be happy to provide you with a **“Receipt for Services”** for your records regarding each visit and payment. Most clients find it convenient to receive such a receipt after 3-4 visits so that multiple claims can be filed at once.
- It is recommended you make copies of each receipt and/or claim form before mailing them to your insurance company so that you can compare your records to the Explanation of Benefits (EOB) forms and reimbursement checks you subsequently receive from your insurance company.