ANCHOR POINT PSYCHOLOGICAL SERVICES LLC

Out-of-Network Reimbursement Checklist

Many insurance companies allow for out-of-network reimbursement for a portion of the fees paid for outpatient mental health. Please contact member services for your insurance carrier to help verify the benefits available. This can help to estimate how much you should be reimbursed. Additionally, any amount spent towards out-of-network services may also apply towards your annual deductible.

If out-of-network benefits are available, you should ask the following questions:

1. How do I submit claims?

   ☐ Online: _____

   ☐ Fax: _____

   ☐ Mail: _____

2. Do I have a deductible? ☐ Yes ☐ No
3. How much is the deductible? _____
4. What is the maximum number of visits per year? _____
5. What percent of reimbursement is covered under my plan? _____
6. What is the out-of-network reimbursement rate for the following procedure codes:
   90791 (*Diagnostic Evaluation without Medical Services*): _____
   90834 (*Individual 45 minute psychotherapy*): _____
   90837 ((*Individual 60 minute psychotherapy*): _____
   90846 (*Family Therapy, without patient present*): _____
   90847 (*Family Therapy*): _____
7. Is authorization required? ☐ Yes ☐ No
8. If yes, how do I obtain authorization? _____
   _____

Effective Date: _____ Expiration Date: _____ Number of Visits: ____
Procedure Code(s) approved: _____

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