

Austin Trauma Associates

The following guideline may be helpful when calling your insurance company to get pre-authorization for your first session.

Call the Mental Health or Customer Service number on your insurance care and tell them that you “need to verify **outpatient** mental health benefits.”

Name of patient/client _____

Name and social security number of policy holder _____

Name of Insurance Company _____

Name of company handling your mental health benefits (may be different from the insurance company) _____

Phone number called _____

Person you talked to at time of call _____

Date and time of call _____

Ask for the following information:

Is (doctor/therapist, name and degree) currently a network provider for my plan? _____

If not, what are my out-of-network benefits? _____

Is pre-certification necessary? _____

If yes, enter the number of sessions approved _____ and the CPT codes _____

the authorization number _____ and date span covered _____

Do I have a deductible for mental health services? _____

If yes, how much is it and how much has been met so far? _____

In what month does your policy year begin? _____

What is my co payment for each visit, or what is the percentage of coverage? _____

What are the restrictions or limitations to my coverage? a) pre-existing conditions? _____

_____ b) dollar amt per year? _____ per lifetime? _____ c) number of visits per year? _____

_____ number of visits per lifetime? _____ d) couples or family therapy covered? _____

What is the billing address and phone for claims? _____
