

## INSURANCE PROVIDER VERIFICATION FLOWCHART

First, contact your insurance company on their toll free line.

Second, ask the following questions, and write in the answers:

### **Do I have mental health benefits?**

If the answer is **NO** then please discuss the fee arrangement with your therapist.

If the answer is **YES**, then share with the insurance company the following:

**My provider is \_\_\_\_\_ with Methodist Counseling & Consultation Services. Their address is: 1801 East 5th Street, Suite 110, Charlotte, NC 28204 Tax ID 20-8142788**

Then ask: Is he/she in or out of network?

If the answer is that your therapist is **OUT OF NETWORK**, then please ask:

### **Do I have out of network benefits?**

If the answer is **NO**, then please discuss the fee arrangement with your therapist.

If the answer is **YES**, or you are in network, then please ask the following:

Does that cover individual, marital, and family counseling? \_\_\_\_\_

What is the time frame of the benefit year? \_\_\_\_\_

Do I have a deductible? \_\_\_\_\_ If so, what is the deductible amount? \_\_\_\_\_

What is my co-payment? \_\_\_\_\_

What is the address for mental health claims?

\_\_\_\_\_

Do I need an authorization? \_\_\_\_\_ How many visits does this cover? \_\_\_\_\_

How do I obtain an authorization?

Do I need to pre-certify? \_\_\_\_\_

How many visits are allowed per year? \_\_\_\_\_

Then, please give this information to your therapist. Thank you.