

**TIPS FOR GETTING INSURANCE PRE-AUTHORIZATION:**

The following guideline may help you when calling your insurance company to get pre-authorization for your visits. If you have difficulty getting the necessary information, please call our office at (512) 454-7741, so that our staff may help you.

**Call the Mental Health or Customer Service number on your insurance card and tell them that you "need to verify outpatient mental health benefits". Record the information from the call below:**

Name of patient: \_\_\_\_\_

Name and social security # of policy holder: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Name of company handling your mental health benefits (sometimes 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 and record answers below:**

What are my out-of-network benefits for a psychiatrist with an MD degree? For a nurse with an APRN degree?  
\_\_\_\_\_

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 amount per year? \_\_\_\_\_, per lifetime? \_\_\_\_\_

c) Number of visits per year? \_\_\_\_\_, number of visits per lifetime? \_\_\_\_\_

d) Is couples therapy covered? \_\_\_\_\_ e) is family therapy covered? \_\_\_\_\_

f) is psychological or psychoeducational testing covered? \_\_\_\_\_

If so, what are the benefits? \_\_\_\_\_

What is the billing address for claims? \_\_\_\_\_