

Script for Confirming Therapy Financial Responsibility with your Insurance:

This worksheet will walk you step-by-step through the process of understanding what is covered in your plan. Ready to check your coverage? Awesome – you got this!

1. **Call the member services number on the back of your insurance card.**

Record the representative's name: _____

- *This information will be necessary if you ever need to dispute a rejected claim.*

Script: "Hello, I would like to ask a few questions to find out if my plan covers psychotherapy sessions with a licensed mental health provider."

Provide the representative with the following CPT codes to determine which, if any, are covered: 90791 (initial intake session) and 90832, 90834, and/or 90837 (30-minute; 45-minute; or 60-minute standard psychotherapy sessions).

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***If the answer to this question is NO, then you will be responsible for the full cost of the psychotherapy sessions. All intake sessions are \$276.00/intake, and follow-up therapy sessions range from \$120.00 to \$276.00/session, based on the length of session time. If this cost is not affordable, you can locate sliding-scale therapy services, based on income rather than insurance, by visiting such websites as [www.psychologytoday.com](http://www.psychologytoday.com) or [www.openpathcollective.org](http://www.openpathcollective.org) – or by using standard web search platforms, such as Google.*** ~~~~~

2. **If the answer to #1 is YES, then ask the following questions:**

Is Centerstone of Tennessee, Group NPI **1396767430**, a provider in my network?

Do I have a deductible to meet first? Yes / No

If yes - how much is left? \$ \_\_\_\_\_ How much have I already met? \$ \_\_\_\_\_

Do I have a co-pay or co-insurance for outpatient psychotherapy? Yes / No

If yes, how much? \$ \_\_\_\_\_

Do I need a physician referral for outpatient psychotherapy counseling? Yes / No

Is there a limited to how many sessions per calendar year are covered? Yes / No

If yes, how many sessions per year are covered? \_\_\_\_\_

3. **IMPORTANT:** Please provide me with the reference number for the call:

Reference #: \_\_\_\_\_

*This information will be necessary if you ever need to dispute a rejected claim.*

\_\_\_\_\_  
Client printed name

\_\_\_\_\_  
Date/time call completed