

Beyond Words

Psychological Services, LLC

8 West Dry Creek Circle
Suite 120
Littleton, CO 80120

Phone: (303) 522-3184
Fax: (303) 557-6223
www.growbeyondwords.com

Guide to Your Insurance Mental Health Benefits

Have the following information completed before contacting your insurance carrier, as they are likely to ask for this information before they can determine the services you for which you qualify.

Policy Holder's Name: _____ Policy Holder's DOB: _____

Policy Holder's ID #: _____ Group or Plan #: _____

Mental Health Insurance Carrier/Company Name: _____

Insurance Carrier Address: _____
Street City State Zip

Ask your insurance carrier the following questions to determine whether you qualify for out-of-network benefits with Dr. Wirta's practice:

- Do I have out-of-network provider coverage? YES / NO
 - How does the coverage differ between in-network and out-of-network providers?

- Is pre-authorization required for mental health services? YES / NO
 - If yes, what is the authorization number for the initial visit? # _____
 - What is the authorization number for subsequent visits? # _____
 - How many visits are approved by this authorization? _____
- If you are pursuing psychological testing services, is separate pre-authorization required?
YES / NO
 - If yes, what is the authorization number for testing services? # _____
- Is there a separate mental health deductible for the policy? YES / NO
 - If yes, how much is it? \$ _____
 - How much of the deductible has already been met? \$ _____
 - If no, how much is the medical deductible? \$ _____
 - Is my deductible based on the calendar year or a different 12 month period?
 - CALENDAR MONTH OF _____ TO _____
- Do I have a co-pay at the time of the visit? YES / NO
 - If yes, what is the amount of the co-pay? \$ _____
- What is the maximum number of visits per year? _____