



What to ask your insurance company

Verifying your health insurance coverage can be confusing! The Emily Program recommends that you contact your insurance company if you are considering starting treatment with us. You should also verify benefits once a year or whenever your policy changes.

This form will help you know what to ask about coverage at The Emily Program. **Make sure to get answers to all of the questions below.** Even if you don't need all of the services below today, TEP wants you to know your benefits for any services you may need in the future (i.e. a dietitian or medical doctor) or if you need a higher level of care.

You can also use this form during your open enrollment period when you're reviewing your health insurance options and selecting a new plan (whether you're going through your state's exchange or your employer).

To ensure you get all the information you need from your conversation to verify benefits, we have included a phone script below. Have the following information ready **before** you begin your call (including these 4 questions for current TEP clients). If you don't know your providers' names, feel free to call us at 1-888-364-5977 or stop by our front desk.

Have this information ready before you call:

These 4 questions for current clients only:

- 1) My individual therapist's name
- 2) My dietitian's name
- 3) Other providers I see for group, medical or psychiatry services
- 4) Program I'm currently in

 IOP / PHP or IDP / Residential
 (circle, if applicable)

Insurance Verification Form and phone script

Today's date

Representative's name

Insurance company name

Customer service phone number

First: _____ Last initial: _____

Phone script: "I'm going to The Emily Program for help with my eating disorder and am calling to verify my benefits. First, I'd like general information about my plan."

Policy effective date

Office visit co-pay

Deductible

Out of pocket maximum (OOP max)

Do my deductible, co-pays & co-insurance apply toward my OOP max?

How much of my deductible have I spent this year?

Do I need a referral to go to TEP?

If yes, who needs to refer me?

Is The Emily Program in-network?

 \$ _____
 Yes / No (circle one)

 Yes / No (circle one)

Intake

(Tell the representative that TEP uses CPT code 90791 for diagnostic assessment.)

What's my co-pay / co-insurance (circle one)?

Is there a limit on the number of diagnostic assessments per year?

If so, how many diagnostic assessments per year?

Is authorization required for diagnostic assessments?

Are intake evaluation services delivered via Telehealth covered?

\$ _____
 Yes / No (circle one)

 Yes / No (circle one)

 Yes / No (circle one)

Psychological testing

(Tell the representative that The Emily Program uses psychological testing for some clients.)

Is there a limit on the number of units of psychological testing per year? Yes / No (circle one)

If so, how many units of psychological testing per year? _____

Is authorization required for psychological testing? Yes / No (circle one)

Individual therapy

(Tell the representative that TEP uses CPT codes 90834 and 90837 for these services.)

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of sessions per year? Yes / No (circle one)

If so, how many individual therapy sessions per year? _____

Is authorization required for individual therapy? Yes / No (circle one)

Group therapy

(Tell the representative TEP uses CPT code 90853 for this service.)

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of groups per year? Yes / No (circle one)

If so, how many group therapy sessions per year? _____

Is authorization required for group therapy? Yes / No (circle one)

Family therapy

(Tell the representative TEP uses CPT codes 90846 and 90847 for these services.)

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of sessions per year? Yes / No (circle one)

If so, how many family therapy sessions per year? _____

Is authorization required for family therapy? Yes / No (circle one)

Medical / Psychiatry

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of sessions per year? Yes / No (circle one)

If so, how many individual medical / psychiatry sessions per year? _____

Is authorization required for medical / psychiatry sessions? Yes / No (circle one)

Are medical / psychiatric services delivered via Telemed covered? Yes / No (circle one)

Dietitian (RD) services

Am I covered for RD services under **mental health** benefits (**not** medical)? Yes / No (circle one)

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of sessions per year? Yes / No (circle one)

If so, how many RD therapy sessions per year? _____

Is authorization required for dietitian services? Yes / No (circle one)

Intensive Outpatient Program (IOP)

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of days per year? Yes / No (circle one)

If so, how many IOP days per year? _____

Is authorization required for IOP services? Yes / No (circle one)

Partial Hospitalization Program (PHP)

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of days per year? Yes / No (circle one)

If so, how many PHP days per year? _____

Is authorization required for PHP services? Yes / No (circle one)

Residential Treatment Program

What's my co-pay / co-insurance (circle one)? \$ _____

Is there a limit on the number of days per year? Yes / No (circle one)

If so, how many residential days per year? _____

Is authorization required for residential? Yes / No (circle one)

NOTES:
