



## What to ask your insurance company

Verifying your health insurance coverage can be confusing! The Emily Program (TEP) 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 in case you'd like to see additional providers (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 First: \_\_\_\_\_ Last initial: \_\_\_\_\_  
Insurance company name \_\_\_\_\_  
Customer service phone number \_\_\_\_\_

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? Yes / No (circle one)  
If yes, who needs to refer me? \_\_\_\_\_  
Is The Emily Program in-network? 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? Yes / No (circle one)  
If so, how many diagnostic assessments per year? \_\_\_\_\_  
Is authorization required for diagnostic assessments? Y / N (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? Y / N (circle one)

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

Is authorization required for psychological testing? Y / N (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/year?

Y / N (circle one)

If so, how many individual therapy sessions/year? \_\_\_\_\_

Is authorization required for individual therapy? Y / N (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/year?

Y / N (circle one)

If so, how many group therapy sessions/year? \_\_\_\_\_

Is authorization required for group therapy? Y / N (circle one)

Dietitian (RD) services

Am I covered for RD services under **mental health** benefits (**not** medical)? Y / N (circle one)

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

\$ \_\_\_\_\_

Is there a limit on the number of sessions/year?

Y / N (circle one)

If so, how many RD therapy sessions/year? \_\_\_\_\_

Is authorization required for dietitian services? Y / N (circle one)

Intensive Outpatient Program (IOP)

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

\$ \_\_\_\_\_

Is there a limit on the number of days/year?

Y / N (circle one)

If so, how many IOP days/year? \_\_\_\_\_

Is authorization required for IOP services? Y / N (circle one)

Partial Hospitalization Program (PHP)

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

\$ \_\_\_\_\_

Is there a limit on the number of days/year?

Y / N (circle one)

If so, how many PHP days/year? \_\_\_\_\_

Is authorization required for PHP services? Y / N (circle one)

Residential Treatment Program

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

\$ \_\_\_\_\_

Is there a limit on the number of days/year?

Y / N (circle one)

If so, how many residential days/year? \_\_\_\_\_

Is authorization required for residential? Y / N (circle one)

NOTES:

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