



## What to ask your insurance company

Verifying your health insurance coverage can be confusing! We recommend you contact your insurance company if you are considering starting treatment with The Emily Program or Veritas Collaborative. 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 or Veritas Collaborative. **Make sure to get answers to all of the questions below.** Even if you don't need all of these services today, it's important to know your benefits for services you may need in the future (e.g. 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 clients. If you don't know your providers' names, feel free to call us at 1-888-364-5977 (The Emily Program) or 855-875-5812 (Veritas Collaborative).

**Note:** Benefits may vary depending on whether you are starting treatment with The Emily Program or Veritas Collaborative. Be sure to specify where you will be receiving services when starting your conversation with your insurance company.

**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 / Inpatient  
(circle, if applicable)

**Insurance Verification Form and Phone Script**

Today's date \_\_\_\_\_

Representative's name \_\_\_\_\_

Insurance company name \_\_\_\_\_

Customer service phone number \_\_\_\_\_

Phone script: "I'm going to {*The Emily Program or Veritas Collaborative*} 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 for {*The Emily Program or Veritas Collaborative*}? Yes / No (circle one)

If yes, who needs to refer me? \_\_\_\_\_

Is {*The Emily Program or Veritas Collaborative*} in-network? Yes / No (circle one)

Intake

*(Tell the representative that The Emily Program / Veritas Collaborative 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 yes, how many diagnostic assessments per year? \_\_\_\_\_  
Is authorization required for diagnostic assessments? Yes / No (circle one) \_\_\_\_\_  
Are intake evaluation services delivered via Telehealth covered? Yes / No (circle one) \_\_\_\_\_

Psychological testing

*(Tell the representative that The Emily Program / Veritas Collaborative 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 yes, how many units of psychological testing per year? \_\_\_\_\_  
Is authorization required for psychological testing? Yes / No (circle one) \_\_\_\_\_

Individual therapy

*(Tell the representative that The Emily Program / Veritas Collaborative 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 yes, how many individual therapy sessions per year? \_\_\_\_\_  
Is authorization required for individual therapy? Yes / No (circle one) \_\_\_\_\_

Group therapy

*(Tell the representative The Emily Program / Veritas Collaborative 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 yes, how many group therapy sessions per year? \_\_\_\_\_  
Is authorization required for group therapy? Yes / No (circle one) \_\_\_\_\_

Family therapy

*(Tell the representative The Emily Program / Veritas Collaborative 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 yes, 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 yes, 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

Are RD services covered 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 yes, 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?  
If yes, how many IOP days per year?  
Is authorization required for IOP services?

\$ \_\_\_\_\_  
Yes / No (circle one)  
\_\_\_\_\_  
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?  
If yes, how many PHP days per year?  
Is authorization required for PHP services?

\$ \_\_\_\_\_  
Yes / No (circle one)  
\_\_\_\_\_  
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?  
If yes, how many residential days per year?  
Is authorization required for residential?

\$ \_\_\_\_\_  
Yes / No (circle one)  
\_\_\_\_\_  
Yes / No (circle one)

Inpatient Treatment Program

What's my co-pay / co-insurance (circle one)?  
Is there a limit on the number of days per year?  
If yes, how many inpatient days per year?  
Is authorization required for inpatient?

\$ \_\_\_\_\_  
Yes / No (circle one)  
\_\_\_\_\_  
Yes / No (circle one)

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