ACCANTO HEALTH

THE Emily PROGRAM

GATHER BEHAVIORAL HEALTH

What to ask your insurance company

Verifying your health insurance coverage can be confusing! We recommend that you contact your insurance company if you are considering starting treatment with The Emily Program or Gather Behavioral Health. 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 and Gather Behavioral Health. **Make sure to get answers to all of the questions below.** Even if you don't need all of the services below 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 919-287-6274 (Gather Behavioral Health).

Note: Benefits may vary depending on whether you are starting treatment with The Emily Program or Gather Behavioral Health. Be sure to specify where you will be receiving services when starting your conversation with your insurance company. In the phone script provided below, The Emily Program is used as an example, but all other information provided also applies to Gather Behavioral Health.

Have this information ready before you call:

<u>These 4 questions for current clients only:</u>

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 _____

<u>Phone script</u>**:** "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)

<u>Intake</u>

(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? 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 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)

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)

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