

Insurance Benefits Inquiry: Client Script Instructions

To determine if telehealth therapy (online video therapy) with me is a covered service under your specific health insurance plan, I am requesting that clients call their health insurance company to check their benefits. Normally I would do this for my clients, but the current pandemic has resulted in increased wait times for providers, and unfortunately I am physically unable to do this for all of my clients while continuing to provide uninterrupted therapy services. As such, I have created this document that you can print and fill out to guide you through the process of checking your benefits. Please contact me if you have any questions and/or are unable to do this, and I will assist you through this process as best as I can.

Page two of this document includes blank template you can use.

Page three of this document includes a sample of a completed form.

SPECIAL NOTES:

- Always DOCUMENT EVERYTHING when corresponding with your insurance company. If they reject your claim, this gives you recourse to contest the claim.
- hotlines are usually open Mondays – Fridays @ 8am – 5/6pm. Insurance company
- If you are not the primary insured (policy owner), you will likely need the primary insured's name, member ID number, and their birthdate in addition to your own information (*Example: a college student who is listed under her guardian's health insurance policy*).
- If you cannot understand the agent due to a language barrier, it is perfectly acceptable to ask to be transferred to a different agent and/or request to speak to their supervisor.

Insurance Benefits Inquiry: Client Script Template

*CLIENT DEMOGRAPHICS (Have this information ready prior to your call)			
Client's Full Name:		Client's Birthdate:	
Client's Home Address:			
*CLIENT INSURANCE INFORMATION (Have this information ready prior to your call)			
Client's Member ID:			
Primary Insured's ID: <i>(if different from Client)</i>		Primary Insured's Birthdate:	
Insurance Phone #:	*Insurance phone number can be found on the back of your insurance card and may be labeled under "Customer Service, Behavioral Health, MHSA, Mental Health, etc."		
Insurance Coverage:	Ask the agent if I am approved to provide you with telemental health (online video therapy) services. You may need to give them the following information for them to verify this: Provider Name: Lauren Queen Provider Type: Mental Health Counselor in an outpatient office setting Provider Tax ID: 46-3866227 Rendering Provider NPI (Type 1): 1306191796 CPT Billing Codes to be Used: 90834 (45 min. appts.), 90837 (60 min. appts.)		
Is Telehealth Covered?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is an Authorization Code Required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If an Authorization Code <u>is</u> required:	Authorization Number is: Additional Details (e.g. date range, number of sessions allowed, etc.):		
Does my therapist need to do anything special to ensure my telehealth sessions are covered by insurance?			
Is there any other important information I need to know?			
Date:		Agent Name:	
		Call Ref. #:	
ABOUNDING GRACE COUNSELING, LLC			
Rendering Provider NPI:	1306191796	Tax ID Number:	46-3866227
Practice Address:	232 Vance Road, Suite 104A; Valley Park, MO 63088		

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- SAMPLE -

*CLIENT DEMOGRAPHICS (Have this information ready prior to your call)			
Client's Full Name:	Jane Doe	Client's Birthdate:	03-18-1990
Client's Home Address:	123 Cherry Tree Lane; St. Louis, MO 63122		
*CLIENT INSURANCE INFORMATION (Have this information ready prior to your call)			
Client's Member ID:	ABC12314567		
Primary Insured's ID: (if different from Client)	DEF09375917	Primary Insured's Birthdate:	01-20-1971
Insurance Phone #:	1-800-555-5555 <i>*Insurance phone number can be found on the back of your insurance card and may be labeled under "Customer Service, Behavioral Health, MHSA, Mental Health, etc."</i>		
Insurance Coverage:	Ask the agent if I am approved to provide you with telemental health (online video therapy) services. You may need to give them the following information for them to verify this: Provider Name: Lauren Queen Provider Type: Mental Health Counselor in an outpatient office setting Provider Tax ID: 46-3866227 Rendering Provider NPI (Type 1): 1306191796 CPT Billing Codes to be Used: 90834 (45 min. appts.), 90837 (60 min. appts.)		
Is Telehealth Covered?	No	<input checked="" type="checkbox"/>	Yes
Is an Authorization Code Required?	No	<input checked="" type="checkbox"/>	Yes
If an Authorization Code is required:	Authorization Number is: 7891011 Additional Details (e.g. date range, number of sessions allowed, etc.): Authorization is valid 3/17/2020 – 05/31/2020 and is good for 5 sessions.		
Does my therapist need to do anything special to ensure my telehealth sessions are covered by insurance?	Visits can only be 45 minutes long. Therapist will have to use a different billing code modifier (I know this already) ☺		
Is there any other important information I need to know?	Call insurance again when authorization code is about to expire to request additional sessions.		
Date:	03-18-2020	Agent Name:	Joe R.
		Call Ref. #:	JoeR03182020
ABOUNDING GRACE COUNSELING, LLC			
Rendering Provider NPI:	1306191796	Tax ID Number:	46-3866227
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