

Questions to Ask Your Insurance Provider Concerning Mental Health Benefits

*Do I have behavioral/mental health coverage?

*How many outpatient psychotherapy sessions am I allotted in my plan?

*Are there any limitations, requirements, or restrictions in accessing my plan?

Additional questions for more detail:

Do I need a referral from my Primary Care Physician?

Do I need to have pre-authorization from my insurance company?

Is my therapist in your network? If not, what are my out-of-network benefits?

Am I authorized to see only a particular kind of therapist? (psychiatrist, psychologist, licensed mental health counselor, licensed marriage and family therapist, licensed clinical social worker, etc.)?

If I am limited to a certain number of sessions of therapy, is it based on calendar year or fiscal year?

What is the effective date of my insurance coverage?

Am I limited to a dollar amount per year (\$500, \$250 etc.) that will be covered?

What is the amount of my deductible, co-pay, and co-insurance amounts after insurance adjustment is applied?

If I am authorized to see one therapist and that does not work out, do I need to get another authorization in order to see a different therapist?