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Health Insurance Questions to Ask for “Out of Network Benefits”

1. Does my policy have ‘out of network benefits’?
2. Is there a deductible? If so, how much?
3. How many sessions will my insurance policy cover? Is that in a calendar year (starting in January)?
4. How much does my insurance company pay? 100%? 80%? Other?
5. What does my insurance company deem as a ‘reasonable and customary’ fee upon which they will reimburse? For example: If my therapist charges \$200.00 how much of that amount does my insurance company deem as a ‘reasonable and customary fee’ And is this amount what my insurance company will base their reimbursement amount on?
6. What is the best way to submit an insurance claim form?
 - a. What do I need to do? Do I need to complete a form or can my therapist provide a receipt? (See question b.)
 - b. What does my therapist need to do? In order to be reimbursed can she provide me with a receipt with the date(s) of service, diagnosis, CPT code(s), her license, Tax ID and NPI numbers that I can then submit? Can I submit online or do I need to use snail mail?
 - c. 90834 is the procedure code for individual therapy—
 - i. Does my insurance cover 90791—the procedure code for diagnostic evaluation/assessment sessions? How many assessment sessions am I allowed?
7. Is my Therapist, Laura L. Young, LCSW-R in your system as an out-of-network provider? Her NPI (National Provider #: 109 391 7279. If not, does she need to provide you with any paperwork in order for my insurance claims to be reimbursed?
8. How long does it take for a claim to be processed?
9. What is the procedure if a claim is not responded to in a timely fashion?
10. **IF you have ONLY IN NETWORK benefits:**
 - a. How many sessions am I allowed?
 - b. What do you pay my therapist?
 - c. Do I have a co-pay to my therapist? How much?
 - d. Do you have a list of ‘in-network’ providers who specialize in: family/couples therapy? Or whatever kind of therapy you are seeking? Can you email me a list of ‘in-network’ providers?