

## INSURANCE QUESTIONNAIRE/CONFIRMATION OF BENEFITS

Contact your insurance carrier prior to start of services. Their phone number is listed on the back of your insurance card.

Phone Script: "I'm going to see Andrea Nus at Full Heart Therapy, LLC for outpatient mental healthcare and want to verify my benefit coverage as well as general information about my plan. Ms. Nus is out of network."

1. Today's Date:
2. Insurance Representative's Name:
3. Policy effective Date:
4. Office visit co-pay:
5. Deductible:
6. Out of pocket maximum (OOP max):
7. **Do my deductible, co-pays or co-insurance apply toward my OOP max? Yes / No (circle one)**
8. **What is the percentage I will be reimbursed for Out-of-Network provider for CPT Code:**  
90871 (assessment):      90837 (60 min):      90834 (50 min):      90847 (relational):
9. **How much time do I have to submit my claims?**
10. **How long will it take to receive reimbursement?**
11. How much of my deductible is remaining before I can use benefits?
12. Is prior authorization required for diagnostic assessments or therapy sessions? Yes / No (circle)
13. **Are services covered if delivered via Telehealth by Andrea Nus? Yes / No (circle one)**
14. **Is Telehealth covered through my plan? Yes / No (circle one)**
15. Is there a limit to the number of sessions per year? Yes / No (circle one) If so, how many?"  
Individual sessions? Relational sessions?

NOTES:

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\*\*\*If you choose to use your health insurance benefits, a diagnosis is required to receive coverage for sessions. Please be aware once this diagnosis is processed by the insurance company, it becomes a permanent part of your health record and may affect future health and life insurance coverage. Some clients may choose to pay out of pocket to ensure privacy.