



**HEALTH INSURANCE WORKSHEET**

*THIS WORKSHEET IS FOR YOUR INFORMATION. IT SHOULD BE COMPLETED FOR YOUR INSURANCE CARRIER; it does not have to be submitted to CAPS. We accept cash, checks, and credit cards (Visa, Master Card, Discover, and American Express).*

Your health insurance may cover services at CAPS. This worksheet can help you verify your coverage for outpatient mental health services by providing you with specific questions to ask your insurance company. We will verify coverage as part of our process, but some of our clients want to communicate directly with their insurance carrier as well. We will help you determine if your insurance can be used to cover your services here. We will bill your insurance company, but we cannot guarantee that they will pay. If your company will not cover services here, you are responsible for the entire charge. Please provide our office with the most complete information you have regarding your Health Insurance Company and coverage. **A copy of your insurance card is often sufficient.**

Our fees are:

| Service                                      | Time      | Total Charge   | Co-pay if using UC Student Health Insurance   |
|--|-----------|--|---|
| Brief Screening and Consultation             | 15-20 min | no charge  | 0   |
| Intake Interview                             | 1 hr      | no charge  | 0   |
| Individual Therapy                           | 1 hr      | First three (3) sessions per semester are at no charge. At the fourth (4) session during current semester, charge is \$35.00 | First three (3) sessions per semester are at no charge. At the fourth (4) session during current semester, charge is \$7.00 |
| Psychiatric Evaluation                       | 1 hr      | \$60   | \$12  |
| Psychiatric Medication Management            | 30 min    | \$60   | \$12  |
| Group Screening                              | 30 min    | no charge  | 0   |
| Group Therapy                                | 1.5 hrs   | no charge  | 0   |
| Case Management                              | Varies    | no charge  | 0   |
| Learning Disorder/ADHD Psychological Testing | Varies    | \$100.00 per test (testing starting in October, 2015)  | \$20 per test   |
| Missed Session Fee (< 48 hrs notice)         |           | \$25   | \$25  |

In most cases, mental health claims are managed or paid in a slightly different manner than medical coverage. It is helpful to know about any possible limitations of your insurance regarding mental health services, especially as they relate to pre-existing conditions. There may be a requirement that you obtain prior authorization (pre-certification) before receiving any mental health services in order to use your benefits.

If you find that your insurance company will not pay for our services, but you would like to be seen here, you are responsible for the entire charge. Please notify CAPS of any changes in your health insurance while you are in treatment.

**We recommend that you get answers to the following questions from your health insurance company.** Check your insurance card or written information for the number to call. This may be a different number than the one for medical claims. There is a glossary of terms at the end of this worksheet which may be helpful to you.

**Note: At CAPS, you will be receiving outpatient mental health services. Also, our center is out-of-network for all insurance carriers EXCEPT for Student Health Insurance.**

1. The full name, address and phone number of your insurance company.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Your policy number(s): \_\_\_\_\_
3. We are an outpatient mental health service. Is this covered under your policy? \_\_\_\_\_
4. We are an out-of-network facility. Does your health insurance permit you to be treated by "out-of-network providers such as CAPS? \_\_\_\_\_
5. What month does your insurance start? \_\_\_\_\_
6. Do you have to pay the provider's deductible amount before the insurance pays? \_\_\_\_\_
  - 6a. If so, what is the deductible amount you must pay each year? \_\_\_\_\_
  - 6b. Has any of that deductible already been paid for the year you are seeking services? \_\_\_\_\_  
 If so, how much has been paid? \_\_\_\_\_  
 How much remains to be paid? \_\_\_\_\_
7. Does your insurance company require pre-certification approval before you start services? \_\_\_\_\_
  - 7a. Do you have to obtain pre-certification to continue beyond a certain number of sessions? \_\_\_\_\_ If so, beyond how many sessions? \_\_\_\_\_
8. What will your co-payment be for each \$60.00 session for Psychiatrist or each \$25.00 session for counseling staff? \$\_\_\_\_\_
9. Does your insurance company place a limit on the number of sessions that are covered each year? \_\_\_\_\_ If so, what is the limit? \_\_\_\_\_
10. Does your insurance company set a limit on what they will pay for counseling each year? \_\_\_\_\_ If so, what is the amount? \$\_\_\_\_\_
11. Does your insurance company require that you be treated ONLY by licensed providers? \_\_\_\_\_

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### **GLOSSARY OF HEALTH INSURANCE/MANAGED CARE TERMS**

**Co-payment** - Health insurance companies that provide coverage of mental health services pay only a percentage of the fee for service. The percentage that must be paid by the patient is called the co-payment or "co-pay" amount.

**Deductible** - Many health insurance companies will not begin to pay the percentage of the fee until a certain dollar amount is first paid by the patient. (e.g., if a deductible for mental health is \$200, your health insurance company will not begin to make payments on your behalf until you pay \$200 out of pocket for services. Deductibles apply to each policy year, so on your policy effective date you must again pay your deductible amount before insurance coverage pays for some of the charge.

**"In-Network" vs. "Out-of-Network" Provider** - Most health insurance companies prefer that you are treated by specific doctors, clinics, or hospitals that they have approved. The portion of fees paid out-of-pocket may be less if you use a provider from their list. Some insurance companies will permit you to be treated by a doctor, clinic, or hospital NOT on their provider list, but usually with a penalty.

**Pre-Certification** - Some health insurance companies require their explicit approval prior to treatment for all but the most serious medical emergencies. Phone your health insurance company to find out about pre-certification approval for any proposed treatment or they can refuse payment in some cases.