

THE JOHNSON CENTER TOOLBOX

INSURANCE WORKSHEETS



Create a binder to keep all of your insurance information. Create tabs for claims, appeals and Explanation Of Benefits (EOB) sections. Place a copy of the front and back of your insurance card in the front of the binder. Complete the following information, as these are the details you will need to give on all phone calls and correspondence:

Your child's name: _____ || Date of birth: _____

Clinic name: _____ TAX ID _____
Clinician name: _____ NPI _____
Credentials: {MD, DO, Psych, BCBA} _____
Clinic address: _____
In Network Out of Network Ph: _____

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1. If you are an existing patient with the provider, call the clinic and ask if they can provide the CPT (Current Procedural Terminology) code that the appointment will be billed under. (Note: If you are a new patient this code may not be available or may change once you see the clinician).
CPT Code Suggested _____
If no CPT code can be provided, list the nature of the appointment, therapy, or procedure:

2. Call the member number on the back of your insurance card.
3. Make note of the person you are talking to, and the date and time of the call *[often they will only give their first name and last initial]*
Name of Representative: _____
Date of call: _____ Time of call: _____
4. Is there a call reference number? *[Important if you need to call back or for any appeals correspondence]*
Call Ref # _____
5. Find out if your appointment coverage is covered under:
A Medical plan _____ A Behavioral plan _____
[Description of Services and/or CPT codes may help make this determination]
6. If on a behavior plan, you will likely be transferred to a different department:
New contact: _____
New number to call: _____
Date of call: _____ Time of call: _____
New call reference #: _____
7. Give the representative the clinic's name and Tax ID#, your provider's name and NPI#. Are services at this clinic by this provider in-network or out-of-network with your policy? _____

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8. If available, give the representative the CPT code(s) or description of service you are checking on and the approximate length of the appointment:
CPT code/Service: _____ for _____ hours.
[Ask if there is a time limit on the length of the appointment]
9. If this Service/CPT code is covered, what % will they reimburse you after your deductible has been met? *Example: "80% of customary charges will be reimbursed after the \$2,000 deductible has been met for this child"*
These services are reimbursed at _____%. Deductible is \$_____.
10. If the provider is out-of-network, ask if there is a fee schedule of "reasonable and customary charges"? If so, what is the reasonable and customary charge for that Service/CPT code? \$_____
- Note: This question may require a call to a different department at the insurance company. If so, complete this information:
New contact: _____
New number to call: _____
Date of call: _____ Time of call: _____
New call reference #: _____
- Full amount of charges quoted by the clinic: \$_____
- Reasonable and customary charge \$_____
- Difference you may owe: \$_____
11. Is this Service/CPT code subject to a deductible? If so, how much of your deductible do you have left to pay this contract year before insurance begins to cover this service? \$_____
- Clarify that the information is for In-Network or Out-of-Network services; these can be different amounts.*
12. Is there a Co-pay for each visit with this Service/CPT code? \$ _____
13. Is there a ceiling (maximum number) on the amount of appointments you may have with this Service/CPT code per year? _____
- Clarify that the information is for In-Network or Out-of -Network services; these can be different amounts.*

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14. Is there a ceiling on the total dollar amount they will pay for this specific service per year? \$_____
Clarify that the information is for In-Network or Out-of-Network services; these can be different amounts.

15. Does a pre-authorization letter/form need to be submitted and approved for this service? Yes ____ No ____
If the answer is yes, download the pre-auth form from the "forms" section on the carrier's website and give to the clinician's staff to be completed.

16. Is there a certain credential a clinician must hold to conduct this type of service or appointment? *[Example: diagnostics must be performed by a psychologist vs. counselor.]* If the answer is yes, what credentials are required for this appointment?

17. If your service will be Out-Of-Network, where on their website can you print a claim form?

18. Ask how long it takes to process your claim and issue a check. Write this on your calendar to follow up.

19. Copy your claim documents and file them in your binder with these call notes. If you receive conflicting information on the billing of this appointment, you can call your insurance carrier back and use the reference numbers and the information provided to you to support your claim.