Behavioral Health Insurance Worksheet

Check the back of your insurance card--your insurance benefits for mental/behavioral health may differ from your medical coverage. Also, your carrier may outsource mental/behavioral health coverage to a separate company. (Example: you may have Blue Cross Blue Shield of TX for medical, but Aetna for behavioral health. Our providers are in-network with BCBSTX, but out-of-network with Aetna).

When you call, this is the information you should make note of and keep for your records. Different plans vary widely, even among the same company.

**NOTE: You may want to also print out the “Insurance Terminology” document, to refer to when you call.**

**From my insurance card:**
Name of Insurance Company: ____________________________

Phone number: _______________________________________

Policy #: ____________________  Group #: ________________

Claims address: _______________________________________

**When I call:**
Date of call: ____________________  Name of representative: _________

**Very important:**
Are my behavioral/mental health benefits covered through the same company as my medical benefits?
YES or NO (circle one)

If “no,” is my Pondworks provider in-network with the behavioral health insurance company?
YES or NO (circle one)

**If my provider is in network, here is some info about my policy:**
Effective date: _____________  Calendar year OR Contract year policy (circle one)

% of the allowable that my policy will cover: ______________  Co-pay: ___________
Do I have a deductible? YES or NO (circle one)

If YES, how much $?  Individual: $              Family: $              

How much of my deductible have I already met for the year?:

Individual: $              Family: $              

Is there an out of pocket maximum $ amount? YES or NO (circle one)

If YES, how much $?  Individual: $              Family: $              

How much of my out of pocket maximum have I already met for the year?:

Individual: $              Family: $              

Is there a visit limit? YES or NO (circle one)

If YES, how many visits will be covered this year?              

Does my policy have a pre-existing condition clause? YES or NO (circle one)

If YES, does it have an expiration date?              

Do I need to obtain authorization for my visits? YES or NO (circle one)

If YES, may I set that up now?

Can I get additional authorizations if I need them?

Are my benefits any different if my diagnosis is considered an SMI (serious mental illness)? YES or NO (circle one)  If YES, how?

Other Notes:  