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IMPORTANT INSTRUCTIONS FOR FILING YOUR OWN INSURANCE CLAIMS

If you decide to submit insurance claims for reimbursement, *read your insurance policy carefully* and call the telephone number on your policy/card that connects you with the “Mental or Behavioral Health Benefits” department (such might also include Substance Abuse benefits).

Ask each of the following questions and write down the answers for future reference, as careful documentation is often vital should you encounter any difficulties or delays in the processing of your claims.

1. Record the date and time of your call, as well as the number called.
2. Ask, *“Is this the correct number to call about my mental health benefits?”*
3. Ask, *“With whom am I speaking?”* Record first and last name as well as that person’s extension number. This should be your Customer Service Representative.
4. Ask, *“Do I need a referral from a physician before I consult with a mental health professional?”* (If the answer is yes, ask if any specific information is needed from the physician, and if any particular forms must be completed in that process.)
5. Ask, *“Must I get ‘pre-certification’ approval for any visits?”* and ask if so, tell the Customer Service Representative that you might wish to receive that after you’ve answered some more questions.
6. Ask, *“When I visit a mental health professional, what deductible, if any, will I have to pay before my benefits start to cover expenses?”* If there is a deductible, ask, *“How much of my deductible have I met so far this year?”*
7. Ask, *“When I visit a mental health professional, what percentage of each visit or procedure will be reimbursed to me?”* Ask if that percentage is different for psychotherapy versus psychological testing/assessment (e.g. in ADHD evaluations), and record that.
8. Tell the Customer Service Representative the name of your specific provider that you intend to or have been consulting with. Tell the Customer Service Representative if your provider is not “in-network” with any insurance panels. Our providers are considered by some insurance companies to be an “out of network”, so *ask if there are any restrictions on your being able to consult with your provider and subsequently receive reimbursements for your visits.*
9. Ask the Customer Service Representative, *“What percentage of my initial psychotherapy consultation can I expect to receive back from the insurance company?”*
10. Ask the Customer Service Representative *“Will my follow up psychotherapy sessions be covered under my policy?”* and ask, *“What percentage of each session can I expect to receive from the insurance company?”*

11. Ask what specific claims forms, if any, must be used and ask what specific information will be necessary on them. Express your concern that the insurance company not intrudes on your privacy any more than is absolutely necessary to process your claims.
12. Verify the exact address to which claim forms must be submitted.
13. Ask, "*And exactly how much time can I expect between the time I submit my claim forms and the time I receive my reimbursements?*" Then ask, "*What is the maximum time the insurance company can take in processing my claims?*"
14. Finally, ask, "*And whom do I contact if I have any questions or concerns about the processing of my claims?*"

Our administrative assistant will be happy to provide you with a Receipt for Services for your records regarding each visit or procedure. Most people find it convenient to receive such a receipt after 3 or 4 visits at a time, so that multiple claims can be filed at once while minimizing the number of receipts that one has to keep track of. Multiple visits and procedures can be recorded on one receipt.

Be sure to make copies of each receipt and/or claim form before mailing them to your insurance company, so that you can compare your records to the Explanation of Benefits (EOB) forms and checks you subsequently receive from your insurance company.

If we can help in any way, please let us know.