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Adults, Parents, Professionals
Psychotherapy and Consultation

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YOUR INSURANCE COVERAGE CHECKLIST

It is important that you be fully informed about the outpatient mental health benefits of your insurance policy. Please print and complete this form when calling your insurance company to ask about outpatient mental health benefits. By speaking directly to your insurer, you will be fully informed about your out-of-pocket expenses.

Have your insurance card available when you call your insurance company and bring this completed form to your first appointment. The customer service number you need to call is on the back of your card.

Your Policy ID Number: _____

Subscriber's Name and Date of Birth: _____

Insurance Company's Customer Service Representative Name: _____

Date of Your Call: _____

To inquire about Outpatient Mental Health Benefits, ask the following questions:

1. "Is MarthaElin Mountain, MFT, a contracted (or "in-network") provider with your company?" If YES, proceed with questions #2 - #9. If NO, proceed with questions #9-#10.
2. "Is Pre-Authorization for outpatient mental health benefits required?"
If YES, ask "What is the procedure for preauthorization?" _____
If YES, be sure that you obtain an Authorization Reference Number: _____
3. "Is there a deductible?"
If YES, ask: "How much is it? \$ _____ and "Has it been met?" _____
4. "How many sessions per year are allowed/approved?" _____
5. "Is there a maximum amount paid for these services?"
per individual? \$ _____ per family? \$ _____
6. "What is the co-pay per session?" _____
7. "Are there any exclusions (services not covered) [couples therapy, family therapy, etc.]?"
8. "Are there any specific conditions or diagnoses that are not covered [sleep disorders, ADD/ADHD, etc.]?" _____
9. "What is the Claims Mailing Address and Telephone Number?" _____
10. "Is there any reimbursement for Non-contract (Out-of-Network) Providers?" _____
If I am an out-of-network provider for your insurance plan, you will pay my full fee at each visit. I will give you a claim form to submit to your insurance company's claim address for reimbursement, based on your policy's benefits and limitations.