



Pre-Visit Insurance Worksheet

Since coverage levels for mental health benefits vary widely, it is strongly recommended that you contact your insurance carrier prior to beginning treatment. The following are some of the questions that might be helpful to ask so that you know what your insurance company will cover, and what charges you will ultimately be responsible for. The more you know about your benefits, the better you can plan ahead and make informed decisions about your treatment.

Do I have an outpatient mental health benefit? Yes / No (please circle)

Is Juliana Tyler, MA, LMHC (Licensed Mental Health Counselor) an in-network provider?

Yes / No (please circle)

If no, what is my out-of-network benefit? _____

Do I need pre-authorization from the insurance company for mental health care? Yes / No (please circle)

Do I need a physician referral so I can receive care from a therapist? Yes / No (please circle)

Are there mental health services that are not covered? (These are called exclusions, and often include things such as couples counseling).

Is there an annual deductible? Yes / No (please circle)

If yes, how much? _____

How much of my deductible have I paid this year? _____

What will I need to pay after my deductible is met? _____

Do I have a co-pay or co-insurance? _____

What is my co-pay or co-insurance per session? _____

What is the total number of mental health sessions allowed each year? _____

When does the policy renew each year (January 1st, June 1st, etc.)? _____