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## Client's Guide to Verifying Insurance Coverage

Have your insurance card nearby

Speak to a customer service representative, as the automated benefits line does not always include Behavioral Health benefits.

### **A. Verifying Benefits**

"I need my benefits for Outpatient Mental Health with in-network **and** out-of-network providers."

*Please Note: Kid Matters Counseling is considered an Out of Network Provider of Mental Health Care.*

- "What is the effective date of coverage?"
- "What is the annual deductible?" "How much has been met to date?"
- "What is the percentage paid after deductible is met?"
- "What is the co-payment or co-insurance amount?"
- "Is referral from Primary Care Physician or Medical Group required?" (Usually HMO)  
(If this is required, **only** the member/client is authorized to obtain this referral and should follow through accordingly.)
- "Where do we mail Behavioral Health claims?"
- "Is precertification required?"

*If so, transfer to Authorizations Department and follow guidelines under **Section B**.*

### **B. Obtaining Authorization/Precertification**

- Know your therapist's name and credentials and mailing address. (See top of page)
- "What is the authorization number?"
- "What is the authorization start date and end date (Be sure to disclose your first session date, if you know it, so it will be included in authorization.)"
- "How many sessions are authorized?"
- "Where do we mail claims?" (IMPORTANT: This is often a different address than the one used in cases where precertification is NOT required).