



### Client Questions for Understanding Insurance Benefits

It is the client's or caretaker's responsibility to contact their insurance company to obtain the information below prior to the first appointment to ensure understanding of the specific policy benefits related to the covered services that Bright Path bills. This form is intended to help clients understand their policy benefits and it is not a guarantee of coverage. Bright Path bills as in-network providers with some insurances and some policies. There are some "special" policies that a provider may not be in-network with even when they are in-network with other policies for that company. Please call the number on the back of your card to try to ensure that there are no surprises with regards to what you owe. Bright Path and contracted therapists are not in control of the amount you owe for in-network benefits and cannot make changes to the amount owed.

My assigned therapist: \_\_\_\_\_

Is the provider listed as in-network for my policy? \_\_\_\_\_

Does my policy cover mental health treatment? \_\_\_\_\_

Do I have out-of-network benefits? \_\_\_\_\_

Is there a deductible? Yes No

How much is my deductible? \_\_\_\_\_

How much of my deductible have I used to date? \_\_\_\_\_

When does the deductible restart? \_\_\_\_\_

Does the deductible apply to the following codes: Yes No

90791, 90837, 90834, 90832, 90846, 90847, 90785

\_\_\_\_\_

Does my plan only cover a certain number of appointments? \_\_\_\_\_

Does my plan also cover telehealth appointments? \_\_\_\_\_

Is there a particular modifier that is used on claim forms to file telehealth claims? \_\_\_\_\_

Does my plan cover the following codes and if so, what is my out-of-pocket expense/patient responsibility?

90791 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

90837 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

90834 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

90832 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

90846 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

90847 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

90785 Yes No Authorization is required Patient responsibility: \$ \_\_\_\_\_

What is my copay or co-insurance? \_\_\_\_\_

Additional information or questions related to insurance or billing for my therapist: