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A Guide to Navigating Out-of-Network Insurance Benefits

Use this form to gather information from your insurance provider to verify Out-of-Network coverage for counseling services.

START HERE: Contact your insurance company at their customer service number (found on the back of your insurance card or on their website). Let them know you are trying to determine your mental health office visit benefits.

****IF** you are interested in telehealth/virtual visits, let them know so they can confirm this coverage as well.

****Also** let them know that services provided by Root & Rise Counseling will occur in an outpatient office or via telehealth, not in a residential facility or inpatient setting.

They may need to know Lauren Shriver's NPI: 1760025746.

NEXT: Use the questions below to get information about your out-of-network benefits for counseling:

*Are my mental health benefits managed by a third-party carve-out?

If **"No,"** continue with questions below

If **"Yes,"** use the next question, then call the third-party company and continue with questions below.

What is the contact information for the company that manages my mental health coverage?

Company Name: _____ Phone: _____

*Do I have a deductible that must be met before my out-of-network benefits go into effect?

If **"Yes":** How much is my Deductible? \$ _____

How much of that Deductible has been met? \$ _____

When does my Deductible renew? _____

*Once my out-of-network benefits are active, how much of my services are covered? (Usually a percentage)

Covered amount once deductible is met (\$ or %): _____

**If the above number is in dollars, then subtract this amount from the private pay rates. Remaining amount is the amount of the private pay rate that you are responsible for paying.*

**If the above number is a percentage, subtract this from 100%, and the remaining percentage is the percentage of the private pay rate that you are responsible for paying.*

*Is there a limit on the number of covered sessions/visits per year?

If “Yes,” how many visits? _____

If “Yes,” what is my plan’s effective Calendar Year? _____

*Do these counseling services require Authorization?

If “Yes,” what is my Authorization Number? _____

You will be responsible for the full out of pocket rate at the time of service, and a superbill will be provided that you can submit retroactively to your insurance company for reimbursement.

***** IMPORTANT! *****

How do I submit a Superbill so that I can be reimbursed through my out-of-network benefits?

If by:

Mail, get the physical mailing address: _____

Email address: _____ and/or Website address: _____

Fax number: _____

FOR COUPLES:

You can specifically ask if your insurance provider offers reimbursement for the CPT (procedure) code: 90847. This is a different code than is used for individual counseling, and it’s possible that the insurance company would provide reimbursement at a different rate for these sessions.

* Is there a different reimbursement rate for the CPT code 90847?

If “Yes,” how much would the reimbursement be? _____