

Rum River Counseling

INSURANCE VERIFICATION WORKSHEET

In order to insure that you understand the benefit coverage of your insurance policy, you will need to contact your insurance company by calling the phone number on the back of your insurance card listed for either Behavioral Health or Mental Health. In the event that there is not one listed, call the customer service number listed on the back of your card.

Ask the representative to speak with someone regarding your Outpatient Mental/Behavioral Health Benefits.

Then, ask the following questions:

1. When does my plan year begin? _____
2. "How many visits do I have per calendar year?" _____ How many remaining? _____
3. "Do I have a Co-pay?" **YES/NO (circle one)** If YES, "How much is it?" \$ _____
Note: If you do have a co pay (a fixed dollar amount paid at each visit, such as \$15 per visit), you will be expected to pay that at the time of your visit. This will not be billed.
4. "Do I have a Deductible?" (an amount I must first pay before insurance will begin paying for services):
YES/NO (circle one) (a) If YES, "How much is it?" \$ _____
(b) "Have I met my deductible for my plan year yet?"
YES/NO (circle one) If NO, how much is left? \$ _____
5. "Do I have Co-insurance?" (a split percent between you and the insurance company for a negotiated fee charged such as 80/20 where the insurance company pays 80% of the fee and you pay 20%)
YES/NO (circle one)
(a) If YES, "What is the percent I am responsible for of the fee?" _____ %

****Important information regarding Deductible & Co-insurance****

For in-network coverage, any patient financial responsibility for the deductible or co-insurance will become due immediately after the claim is processed. The amount you owe is listed on the Explanation of Benefits (EOB) statement you receive from your insurance company. You also may notice a "discount" or "write off" as insurance companies have "negotiated" rates that are lower than our standard fees. The amount listed as Patient/Member Responsibility on your EOB is the amount that you will need to pay your therapist at Rum River Counseling, Inc. We expect prompt payment of this co-insurance amount so please plan accordingly.

For out-of-network coverage, the full rate is due at the time of service. Your insurance company will reimburse you for any amount that you paid above your patient/member responsibility, per your insurance policy.