

**Questions to Ask your Health Insurance Company
when Verifying your Benefits:**

For: IN-NETWORK Benefits:

How much are the following amounts for **"In-Network Mental Health Office Visits"**?

Deductible.....\$..... Co-pay\$..... Co-Insurance.....%

Are Mental Health Office Visits **"Subject" to this Deductible?**

Have I met any portion of my deductible –if any so far?

Is there a "Stop-loss" or "Out-of-Pocket" maximum per benefit year?..... Yes/ No How much?.....\$

What are the beginning and end dates of my Benefit Period?.....

From: MM/DD/YY.....To: MM/DD/YY.....

For: OUT-OF-NETWORK Benefits:

Do I have any OUT-OF-NETWORK benefits?Y/N

How much are the following amounts for **"OUT-of-Network Mental Health Office Visits"**?

Deductible.....\$..... Co-pay\$..... Co-Insurance.....%

Are Mental Health Office Visits **"Subject" to this Deductible?**

Yes...No.....

Have I met any portion of my deductible –if any so far?

Yes--> How much? \$..... No.....

Are there any limits to the number of sessions per Benefit year?

Is there a "Stop-loss" or "Out-of-Pocket" maximum per benefit year?..... Yes/ No How much?.....\$

What are the beginning and end dates of my Benefit Period?.....

From: MM/DD/YY.....To: MM/DD/YY.....