



## CHECKING YOUR INSURANCE -- A WORKSHEET

First, locate your insurance card and negotiate through the main phone menu of your insurance company. You are checking your "Outpatient Behavioral Health" benefits.

Check if we are in vs. out of network. Give them the name of your clinician, the address (3285 N Arlington Heights Road, Suite 201, Arlington Heights, IL 60004). Our tax ID number is 27-0683558 if they are having trouble locating our record. Correct spelling of your clinician's name can be confirmed on our website (About, then Staff on pull-down menu).

Then ask your representative:

What is my deductible? \_\_\_\_\_

When does that renew? \_\_\_\_\_

What percentage of each session will insurance pay? \_\_\_\_\_

What is my copay or co-insurance? (Copay is a set amount, co-insurance is a percentage.)  
\_\_\_\_\_

Is any kind of precertification needed? \_\_\_\_\_

What are the maximum number of sessions I am allowed to use each year? \_\_\_\_\_

Is a 90837 code paid? 90834, if not? (if not, please alert our admin staff)? \_\_\_\_\_

Is there anything else I have to be sure to do to get these sessions covered?