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Guide for Accessing Out-of-Network Benefits

The following is a guide to assist you in obtaining information from your insurance carrier regarding your out-of-network benefits.

1. Contact the member services department from your health insurance carrier to verify if your plan offers out-of-network benefits for outpatient mental health services. The number is typically located on the back of your insurance card.

2. If your policy provides out-of-network benefits, ask the following questions:

a. How do I submit a claim? _____

b. What form do I need to fill out? _____

c. What is the claims address: _____

d. Do I have a deductible? YES or NO Deductible Amount: _____

e. How many sessions per year does my health insurance cover? _____

f. What is the coverage amount per therapy session? _____

g. What is the reimbursement rate for the following services?

90879 – Diagnostic Evaluation _____

90834 – Individual Therapy (45 minutes) _____

90832 – Individual Therapy (20-30 minutes) _____

90846 – Family Therapy without Patient _____

90847 – Family Therapy with Patient _____

90583 – Group Therapy _____

96100 – Psychological Testing _____

h. Is pre-authorization for sessions required? YES or NO

i. If yes, how do I obtain this pre-authorization? _____

Effective date: _____

Expiration date: _____

Number of visits: _____

Procedure Code Approved: _____