

**The following are some helpful questions to ask when calling up your insurance company to determine if you will be able to be reimbursed for evaluation and treatment:**

- Do I have out-of-network coverage?
- Are there a limited number of visits per year?
- When does my insurance year start and end?
- Is there a deductible? What is my deductible? Is there a family deductible vs individual deductible?
- Is pre-authorization required? Is a prescription (or referral) from a doctor required?
  - If pre-authorization is required then ask what is needed and/or where to get the required pre-authorization form. *It is the patient's responsibility to fill out this form.*
- Is an initial evaluation required to reimburse services?

*Note: It helps to have the procedural codes (CPT codes) you're looking to have reimbursed ready to provide to your insurance company to help determine coverage. If you have not been provided any procedural codes, please contact your therapist to find out which ones we expect to be the most likely to apply to you or your dependent.*