



Suggestions for Gathering Needed Information From Insurance Regarding Out-of-network Outpatient Mental Health Evaluations

Items to have on hand when you call:

- Plan for 15-30 minutes of your time available to call your insurance company
- Make sure to have this information ready before your call:
 - Insurance card
 - Name, date of birth, address, phone number, or possibly social security number of the cardholder or person for whom the services are for
 - Pen and paper/notepad

Recommended questions to ask your Insurance Provider:

- Are there out-of-network benefits for this policy?
- Do I have **a mental or behavioral health policy with out-of-network benefits?**
- What are the requirements to use out-of-network benefits?
- Is prior authorization required?
- Is a referral required from my primary care physician?
- Do I have an out-of-network deductible?
- If yes,
 - What is my out-of-network deductible?
 - How much of my out-of-network deductible has been met?
- What is the start date of the calendar year my out-of-network policy is based on?
- In addition, ask the representative if your policy covers these services (use the CPT codes provided below). How much is the insurance company's "usual and customary fee" and what percentage do they cover?

Information about our practice that your insurance provider will most likely request:

Practice Name- Carolina Psychology Group, PLLC
National Provider ID for the practice- 1265997407

Address- 100 S Marshall St., Suite 1; Winston-Salem, NC 27101
Phone- 336-276-1278
Fax- 336-276-1516

Clinical Procedure Terminology (CPT) codes for potential services received-
96130 (first hour of psychological testing evaluation services)
96132 (each additional hour of psychological testing evaluation services)
96136 (first 30 minutes of test administration and scoring)
96137 (each additional 30 minutes of test administration and scoring)