

Questions for Health Insurance

If you are seeking to be reimbursed for your visits, it is beneficial to understand your out-of-network coverage and/or request an out-of-network exception. You may use this form to help guide your call with your insurance company.

Name of representative: _____

Date and time: _____

When inquiring about your out-of-network coverage, ask the following questions:

Do I have out-of-network coverage? Yes _____ No _____

If you have out of network coverage, ask the following questions:

Do I need to meet a deductible before receiving reimbursement? Yes _____ No _____
Deductible Amount \$ _____

Has the deductible been met this year? Yes _____ No _____ Amount Met \$ _____

What percentage is covered after my deductible is met? _____

Do I have a copay that is deducted from my reimbursement? _____

If you do not have out-of-network coverage, you can request an out-of-network exception:

What is the process for requesting an out-of-network exception? _____

If information about your provider and/or the practice is needed to complete the request, please contact the Billing Specialist at 603.515.9974 or email billing@hanovercbt.com

If your insurance company requires a diagnosis code to complete your request, you will need to wait until a diagnosis is determined, which is typically during the first or second appointment. Please reach out to the Billing Specialist to obtain your diagnosis code.

Can coverage begin retroactively? Yes _____ No _____

If not, what date will coverage begin? _____

Is there a limit on the number of visits? Yes _____ No _____ # _____

Will the following codes be covered?

Initial Diagnostic Evaluations 90791 Yes ___ No ___

Psychotherapy 90832, 90834 Yes ___ No ___

Psychotherapy 90837 *(may need prior authorization)* Yes ___ No ___

Family Psychotherapy 90846, 90847 Yes ___ No ___

Coordination of Care Consultations 90899 Yes ___ No ___

After submitting the network-exception request, when will I receive a response? _____

If my out-of-network exception request is approved:

Do I need to meet a deductible before receiving reimbursement? Yes ___ No ___
Deductible Amount \$ _____

Has the deductible been met this year? Yes ___ No ___ Amount Met \$ _____

What percentage is covered after my deductible is met? _____

Do I have a copay that is deducted from my reimbursement? _____

Please note that Hanover CBT will not sign a Single Case Agreement if requested by your insurance company. We have multiple reasons for this policy. For instance, we have found that these contracts dictate parameters that interfere with the provision of ethical and effective clinical treatment.

If your request for an out-of-network exception is approved, you should receive an authorization number for the approval. We recommend that you write the authorization number on your Superbill or member claim form. This will help your insurance company reference the approval so that they will know to process the claim as in-network.

When inquiring about how to submit your claims:

How do I submit my claims (i.e. via mail, fax, online, or email)? _____

Is there a claim form that I need to complete and send with my Superbill? _____

What is the timeline in which I need to submit my claims? _____

What is the processing time for my reimbursement? _____

If you have any questions, please reach out to the Billing Specialist.