

Self-Awareness Counseling

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What To Ask Your Insurance Carrier About Out-Of-Network Coverage

- 1) Do I have any **out-of network benefits for out-patient behavioral health?**
- 2) What is my **out-of-network deductible?** (this will be a separate amount from your in-network deductible—i.e. the deductible you pay before receiving coverage from preferred providers.)
- 3) How much of my out-of-network deductible is left to pay? (or what portion of the o-f-n deductible have I paid so far this year?)
- 4) Does the policy cover the following CPT Codes:
 - a. 90791
 - b. 90785
 - c. 90832
 - d. 90834
 - e. 90837
 - f. 90834
 - g. 90847
 - h. 90839
 - i. 90840

And For Family therapy:

 - J. 90846
 - h. 90847
- 5) What is the **maximum allowable fee** amount for each code?
 - a. they may give you a formula--that is OK--just write it down and I will help you figure that part out.
 - b. They may ask for the zip code of the office—it is: 97219
- 6) What will be your **"co-insurance"** percentage of the payment? They will tell you what percentage the insurance company will pay and what percentage you will be responsible for (a.k.a. your "co-insurance" payment). This percentage of my fee, plus any portion of my fee that your out-of-network plan doesn't cover will be the payment you will make to me at time of service. I will then submit a claim for the rest of the payment from your insurance carrier.