CAITLIN SHEPHERD, PH.D.
Licensed Clinical Psychologist

24 S. Prospect St., Suite #104
Amherst, MA 01002
www.caitlinshepherdphd.com

Phone: (413) 345-6607
Fax: (413) 858-7653
Email: caitlinshepherdphd@gmail.com

GUIDE TO UNDERSTANDING YOUR OUT-OF-NETWORK HEALTH INSURANCE BENEFITS

Most health insurance companies contract with behavioral health providers in the community to create a network of preferred or covered providers. Depending on your insurance plan's policies, you may have what are called "out-of-network" benefits. This means that if you want to see a provider that is not in your insurance company's network, there is still partial or total coverage available.

Because each health insurance plan is different, the best way to determine if you have out-of-network benefits is to call and speak with a benefits representative at your insurance company directly. The representative you speak with should be able to explain the details of your plan, as well as provide you with necessary instructions to use your benefits. Sometimes there are different carriers for behavioral health and medical care existing under one insurance plan. For example Harvard Pilgrim could manage your medical benefits while United Behavioral Health could oversee your behavioral health benefits. Refer to the back of your insurance card to obtain the name and number of your behavioral health carrier. You may have to call to confirm the behavioral health carrier if your insurance card does not show it.

Ask the representative to confirm the requirements to use out-of-network benefits. For example, they may insist you pay the full fee out-of-pocket, and then submit a completed claim form (if so, I will help you with this.) In this case, you would receive the reimbursement check directly. If your plan is an HMO (Health Maintenance Organization) they may have more in-depth requirements to go outside of the network and want to pay me directly. Take detailed notes, don't hesitate to ask clarifying questions, and feel free to contact me for any help.

Once you understand your benefit options and how to use them, we will have a conversation so that I can help you meet all the requirements. In some cases, this may mean that I will need to interact with the insurance company on your behalf, with your signed consent. I'm happy to help you navigate through this fairly simple process, so let me know if questions arise.

Below is some information that the insurance company may need from you to provide you with accurate information:

Your name: _____ Date of birth: _____

Stress Address: _____ Phone: _____

Member ID#: _____ Group ID#: _____

Provider's name: _____ Provider's NPI: _____

Credentials: _____ Provider's EIN: _____

Below is some information you may want to document when you talk to your representative:

Date of call: _____ Call confirmation #: _____

Representative's name: _____ Representative's ID#: _____

Do I have out-of-network benefits?: Yes No

Is authorization required? Yes No

Is a referral required? Yes No

Do I have a deductible? Yes No

(If yes) What is my deductible?: _____

(If yes) How much of my deductible has been met?: _____

Are any services excluded?: Yes No

(If yes) What services?: _____

Are any diagnoses Yes No

(If yes) What diagnoses?: _____

Is there a session limit?: Yes No

(If yes) What is the session limit?: _____

(If yes) How many sessions do I have left?: _____

What % of services are covered/what is my co-insurance?: _____

Requirements to use out-of-network benefits:_____

Address for submitting claims: _____

Other details: _____