



PSYCHOLOGICAL  
SOLUTIONS  
OF ATLANTA

**OUT-OF-NETWORK INSURANCE BENEFITS FORM**

**To verify your mental/behavioral health coverage, please call the customer service number on your PRIMARY insurance card and complete the following information:**

Client's Name: \_\_\_\_\_ Client's Date of Birth: \_\_\_\_\_

Policy Holder's Name (if different from client): \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Name of Primary Insurance - Mental Health Insurance Plan: \_\_\_\_\_

**\*Note: Your mental health plan may be different from your physical health insurance plan**

Member ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Do I have mental/behavioral health coverage under my primary insurance plan? \_\_\_\_ YES \_\_\_\_ NO  
**(If NO, STOP....If YES, continue)**

**Reimbursement Rate**

Do I have a deductible? \_\_\_\_ YES \_\_\_\_ NO If YES, what is my deductible amount? \$ \_\_\_\_\_

How much will I be reimbursed if I see an out-of-network therapist? \_\_\_\_\_ up to \$ \_\_\_\_\_ (allowable charges)

What percentage of my session will be paid by the insurance company once my deductible has been met \_\_\_\_\_%

**Services Covered**

Are the following services/codes covered under my policy? **Note "-95" indicates telehealth sessions.**

Individual Therapy (CPT Codes – 90834 & 90834-95 or 90837 & 90837-95) \_\_ yes\_\_ no & \_\_ yes \_\_ no

Family Therapy (CPT Codes – 90846 & 90846-95 or 90847 & 90847-95) \_\_ yes \_\_ no & \_\_ yes \_\_ no

Pre-Marital/Couples/Marital Therapy (CPT Codes – 90846 & 90846-95 or 90847 & 90847-95) \_\_ yes \_\_ no

o Diagnosis Code: Z63.0 (Relationship Distress with Spouse or Intimate Partner) \_\_ yes \_\_ no

Group Therapy (CPT Code – 90853 & 90853-95) \_\_ yes \_\_ no

**Authorization**

Is an authorization required? \_\_\_\_ yes \_\_\_\_ no If YES, what is my authorization start/end dates? \_\_\_\_\_

What is my authorization number? \_\_\_\_\_ # of sessions authorized: \_\_\_\_\_

How can I obtain an outpatient treatment report form (to be completed by therapist)? \_\_\_\_\_

**Claims Information**

Claims submission address: \_\_\_\_\_

Do I need to submit my claim on a specific form? If so, which one and how do obtain the form? \_\_\_\_\_

Additional information required with claims: \_\_\_\_\_

**Representative:** \_\_\_\_\_ **Customer Service #:** \_\_\_\_\_