

# Okerberg and Associates

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## Clients' Guide to Verifying Insurance Coverage

- Have your insurance card nearby.
- Speak to a customer service representative, as the automated benefits line does not always include Behavioral Health benefits.

### A. Verifying Benefits

"I need my benefits for Outpatient Mental Health with in-network **and** out-of-network providers."

- "What is the effective date of coverage?" \_\_\_\_\_
- "What is the annual deductible?" "How much has been met to date?"  
\_\_\_\_\_
- "What is the percentage paid after deductible is met?" \_\_\_\_\_
- "What is the co-payment amount?" \_\_\_\_\_
- "What is the maximum number of visits per year and per lifetime?" \_\_\_\_\_
- "What is the maximum dollar amount per year and per lifetime?" \_\_\_\_\_
- "Is referral from Primary Care Physician or Medical Group required?" (Usually HMO)  
(If this is required, **only** the member/client is authorized to obtain this referral and should follow through accordingly.)  
\_\_\_\_\_
- "Where do we mail Behavioral Health claims?"  
\_\_\_\_\_  
\_\_\_\_\_
- "Is precertification required?" If so, transfer to Authorizations Department and follow guidelines under **Section B**.

### B. Obtaining Authorization/Precertification

Know your therapist's name and credentials and mailing address(See top of page)

- "What is the authorization number?" \_\_\_\_\_
- "What is the authorization start date and end date (Be sure to disclose your first session date, if you know it, so it will be included in authorization.) \_\_\_\_\_
- "How many sessions are authorized?" \_\_\_\_\_
- "Where do we mail claims?" (IMPORTANT: This is often a different address than the one used in cases where precertification is NOT required).  
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**Bring this information, along with your insurance card, to your first counseling session**