

Mental Health Care Insurance Coverage Research Form

Use this form to document your research into mental health care options.

Insurance company:

Phone number called:

Date of call:

Representative name/ID:

Coverage and Eligibility

What services are covered?

Telehealth covered? Yes No

Notes:

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Provider Network

In-network therapists/psychiatrists:

Referral required? Yes No

Case management available? Yes No

Other Yes No

Notes:

Authorization Requirements

Prior authorization required:

Therapy? Yes No Psychiatry? Yes No IOP/PHP? Yes No Alternative? Yes No

Documentation needed:

Diagnosis Treatment plan Medical necessity letter

Provider credentials: Other: _____

Costs

Copay per therapy session:

Coinsurance:

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Deductible status:

Visit limits:

Crisis and Higher-Level Care

Inpatient covered? Yes No

Partial Hospitalization Program (PHP) covered? Yes No

Intensive Outpatient Program (IOP) covered? Yes No

Notes:

Out-of-Network

Reimbursement rate:

Superbills accepted? Yes No

Required documentation:

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Medication Coverage

Formulary notes:

Step therapy rules:

Prior authorization needed? Yes No For:

Additional Notes
