

## OUT OF NETWORK COVERAGE

To find out if your health insurance will cover all or part of my therapy rate, call the “member's telephone number” on the back of your insurance card. Follow any prompts for “outpatient mental health” or “outpatient behavioral health” services, or prompts to speak with a live representative.

Ask the following questions:

1. Do I have any “out of network” benefits for mental health therapy from a “Licensed Independent Clinical Social Worker”? \_\_\_\_\_
2. What is my deductible? \_\_\_\_\_
3. How much have I met this year already? \_\_\_\_\_
4. Do I need to meet this deductible every year? \_\_\_\_\_
5. When does my benefit year end? \_\_\_\_\_
6. Do I have a copay or co-insurance amount? \_\_\_\_\_
7. What rate will you reimburse me for out-of-network benefits? \_\_\_\_\_
8. How many sessions can I have per year? \_\_\_\_\_
9. Do you need a diagnosis to cover this service? \_\_\_\_\_
10. What information and documents do you need from me in order to get reimbursed or to cover this service? \_\_\_\_\_
11. Do I need a referral from my doctor? \_\_\_\_\_
12. Do I need to call for pre-authorization before my first appointment? How do I do that?  
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13. Do I need anything else before my first appointment? \_\_\_\_\_  
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Additional Notes

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Please do not hesitate to call me with any questions about fees, payment, or insurance, or if you need help with this conversation.

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