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### **Insurance Information Checklist**

To inquire about your insurance policy's mental health coverage, call the Customer Service number on your insurance card. By speaking directly to your insurer, you will be fully informed about your out-of-pocket expenses.

Please print and use this form when calling your insurance company to inquire about outpatient mental health benefits. Have your insurance card available when you call and mail this completed form to Marianne Rowe, PO Box 52089, Pacific Grove, CA 93950, with your other documents.

Policy ID Number: \_\_\_\_\_

Subscriber's Name and Date of Birth:

\_\_\_\_\_

Insurance Company's Customer Service Representative:

Name and Date of Call: \_\_\_\_\_

You are inquiring about outpatient mental health benefits.

1. Is Marianne Rowe a contracted (or "in-network") provider with your company? \_\_\_\_\_  
(If yes, proceed with questions #2-9; if no proceed with questions #9-10)

2. Is Pre-authorization for outpatient mental health benefits required? \_\_\_\_\_

If "yes," ask what is the procedure for pre-authorization. \_\_\_\_\_

\_\_\_\_\_

If "yes," be sure that you obtain an Authorization Reference Number: \_\_\_\_\_

3. Is there a deductible? \_\_\_\_\_  
If "yes," ask how much it is and how much has been met? \_\_\_\_\_

4. How many sessions per year are allowed/approved? \_\_\_\_\_

5. Is there a maximum amount paid for these services? \_\_\_\_\_

Per individual? \_\_\_\_\_ Per family? \_\_\_\_\_

6. What is the co-pay per session? \_\_\_\_\_

7. Are there any exclusions to this coverage (e.g., family therapy, couples therapy)?

\_\_\_\_\_

8. Are there any specific conditions or diagnoses that are not covered (e.g., sleep disorders, ADD/ADHD, etc.)?

\_\_\_\_\_

9. What is the claims mailing address and telephone number? \_\_\_\_\_

\_\_\_\_\_

10. Is there any reimbursement for Non-contract (Out-of-Network) Providers? \_\_\_\_\_

If yes, what is the procedure? \_\_\_\_\_

If I am not contracted provider for your insurance company, you will pay the full session fee (\$150) at each visit and be given a claim form to submit to your insurance company's claim address. If there are out-of-network provider benefits for your policy, your insurance company will directly reimburse you an amount determined by the contractual provisions and limitations of your plan.