



MENTAL HEALTH COUNSELING BENEFITS OUTPATIENT, IN OFFICE AND/OR TELEHEALTH

Your therapist has requested you check your insurance benefits as mental health counseling services may be covered partially or fully. Contact your insurance provider using the number on your card for details on your plan's coverage.

Client Name: _____ DOB _____

Please ask your insurance company these questions:

1. What is the name of the person I am speaking with at the insurance company?

2. Do I have mental health care benefits for counseling/psychotherapy? Yes No

3. Is my insurance plan in-network with Tahoma Enterprises, LLC or the therapist I would like to see? Yes No

The name of the therapist I need you to check is: _____

If your therapist is a limited license practitioner (LLMSW or LLPC), please have your insurance plan check your benefits under Salena Corner.

If the therapist I want to see is not in-network, do I have out-of-network benefits with this practice/therapist? Yes No

If Tahoma Enterprises is considered out-of-network, how much of the fees are covered?

What kind of paperwork do I need to provide to get reimbursed for my out-of-pocket costs?

4. Do my benefits cover the following procedure codes for counseling/psychotherapy?

CPT codes to check:

___ Psychiatric diagnostic evaluation (intake session) – 90791

___ 30-minute Psychotherapy session – 90832

___ 45-minute Psychotherapy session - 90834

___ 60-minute Psychotherapy session – 90837

TAHOMA COUNSELING

JENISON
1346 Baldwin St.
Jenison MI 49428

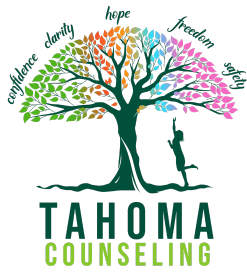
GRAND RAPIDS
1550 E. Beltline SE, Ste. 100
Grand Rapids MI 49546

GRAND HAVEN
41 Washington Ave., Ste. 368
Grand Haven MI 49417

O: 616-765-8585 F: 616-333-8116

www.tahomacounseling.com

info@tahomacounseling.com



MENTAL HEALTH COUNSELING BENEFITS
OUTPATIENT, IN OFFICE AND/OR TELEHEALTH

5. Do I have a co-pay? Yes No
If yes, how much is the copay? _____

6. Does my deductible apply? Yes No
If yes, how much is my total deductible? _____
How much is remaining as of today? _____

7. Do I have coinsurance or a max out-of-pocket? Yes No
If yes, what percentage am I responsible for? _____

8. Do I need prior authorization for this service? Yes No
If yes, please contact our Practice Manager, Juli Wiseman at 616-765-8665 so she may obtain the prior authorization for you.

9. How many mental health counseling sessions are allowed per calendar year?

10. Please provide me with a reference number for today's phone call

Tahoma Counseling will not be held responsible for inaccurate, missing, or incomplete information given by the insurance company. If mental health services provided are denied by your insurance company, the claim will become the client's responsibility.

TAHOMA COUNSELING

JENISON
1346 Baldwin St.
Jenison MI 49428

GRAND RAPIDS
1550 E. Beltline SE, Ste. 100
Grand Rapids MI 49546

GRAND HAVEN
41 Washington Ave., Ste. 368
Grand Haven MI 49417

O: 616-765-8585 F: 616-333-8116
www.tahomacounseling.com info@tahomacounseling.com