

OUT-OF-NETWORK REIMBURSEMENT CHECKLIST

Most Viva clients obtain out-of-network reimbursement for a portion of their fees paid. This checklist can be used to ask questions to an insurance agent to help estimate how much your insurance company may reimburse you for Viva services. Contact your insurance company to verify if your plan offers out of network benefits for **outpatient mental health** (sometimes called **behavioral health**). If there are no out-of-network benefits, ask about a “single case agreement”. If out-of-network benefits are available, you can ask:

1) How do I submit claims?

Check applicable options and document necessary information in provided space. Be sure to identify any individual forms necessary to submit along with your monthly bill.

Online _____

Mail _____

2) Do I have a deductible? *Check one* _____ Yes _____ No

3) What is the deductible? _____

4) When does the deductible “reset” per year? _____

5) What is the maximum number of visits per year? _____

6) What percent of reimbursement is covered under my benefit? _____

7) If no reimbursement, can I set up a “single-case agreement”? _____

8) What is the out-of-network reimbursement rate for the various procedure codes below?

90832 (*individual 30-minute psychotherapy*) _____

90834 (*individual 45-minute psychotherapy*) _____

90837 (*individual 60 plus minutes psychotherapy*) _____

90853 (*group psychotherapy*) _____

9) Is authorization required? *Check one* _____ Yes _____ No

10) If yes, how do I obtain authorization? _____

Date and Call Reference Number: _____