

## Insurance Script

The purpose of this script is to guide you in navigating your insurance and ensuring that our time together is covered by your plan.

**If you use this guide, it would be helpful to bring this document/information, along with your insurance card, to your first appointment.**

Cultivate Counseling and Wellness is currently able to accept Blue Cross Blue Shield, Aetna, Preferred One, UBH/Optum/Medica and UCare. However, there are a few exceptions based on specific providers, which can be found on the individual provider pages. If you are contracted with an insurance company for whom we are not contracted, or a company that is not listed, we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. ***The superbill does not guarantee reimbursement.*** We are also able to accept FSA/HSA cards as a form of payment.

Primary insurance company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Policy holder name and DOB \_\_\_\_\_  
Policy holder address \_\_\_\_\_  
Relationship to client?    Self            Spouse            Parent

If you have a secondary insurance, please provide this information on the back of this page.

### **Call the member services number on the back of your card and ask:**

1. Does my plan cover outpatient nutrition counseling? (codes: 97802 and 97803)
  - a. If yes, how many sessions are allowed?
  - b. Does my plan only cover visits that are “medically necessary”? or do they also cover preventive services? (code: Z71.3)
2. Does my plan cover individual outpatient mental health services? (codes: 90834 and 90837)
  - a. If yes, how many sessions are allowed?
  - b. Does my plan cover outpatient mental health assessment? (code: 90791)
3. Do I have a deductible to meet first?
  - a. If yes, how much is your deductible?
  - b. How much of the deductible have you met?
4. Do I have a copay for outpatient nutrition counseling and/or outpatient mental health services?
5. Do I need a physician referral?
6. Record the representative’s name and a reference # when checking your benefits. This information will be necessary if you ever need to dispute a rejected claim.