Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of managing organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please call your carrier and ask these questions. Record the answers in the space provided. If you have

trouble getting the answers, I will be glad to help you. If pre-authorization is required, please call me at 303-223-4186 or e-mail me at dr.emilywerner@gmail.com.

I. Diagnostic Interview (relevant for all services provided by Dr. Werner):

What is the coverage for a diagnostic interview (CPT code: 90801) by a licensed clinical

psychologist who is not a panel member?

II. Psychological Testing:

a. What is the coverage for psychological testing by a clinical psychologist who is not a panel

member? (CPT code: 96101).

b. Is there a limit on the number of hours covered for psych testing?

c. Is pre-authorization needed:

d. Rate of reimbursement:

e. What is the coverage for psychological testing by a testing technician?

III. Neuropsychological Testing:

a. What is the coverage for neuropsychological testing by a clinical psychologist who is not a

panel member? (CPT code: 96118)?

b. Is there a limit on the number of hours covered for psych testing?

c. Is pre-authorization needed:

IV. Psychotherapeutic Treatment:

a. What is the coverage for psychotherapy (CPT code: 90806) by a licensed clinical

psychologist who is not a panel member?

b. What are the number of sessions covered without pre-authorization:

c. What is the rate of reimbursement:

d. Is pre-authorization needed for any of the above services: