

INSURANCE PROVIDER VERIFICATION FLOWCHART

First, contact your insurance company on their toll free line.
Second, ask the following questions, and write in the answers:

Do I have mental health benefits?

If the answer is NO then please ask your therapist to place you on the sliding scale.

If the answer is YES, then share with the insurance company the following:

**My provider is _____ with Methodist Counseling & Consultation Services. Their
address is: 1801 East 5th Street, Suite 110, Charlotte, NC 28204
Tax ID 20-8142788**

Then ask: Is he/she in or out of network?

If the answer is that your therapist is **OUT OF NETWORK**, then please ask:

Do I have out of network benefits?

If the answer is **NO**, then please ask your therapist to place you on the sliding scale.

If the answer is **YES**, or you are in network, then please ask the following:

Does that cover individual, marital, and family counseling? _____

What is the time frame of the benefit year? _____

Do I have a deductible? _____ If so, what is the deductible amount? _____

What is my co-payment? _____

What is the address for mental health claims?

Do I need an authorization? _____ How many visits does this cover? _____

How do I obtain an authorization?

Do I need to pre-certify? _____

How many visits are allowed per year? _____

Then, please give this information to your therapist. Thank you.