

# Mindful Solutions, PLLC

Sarah Godoy, Ph.D.  
4001 Harewood Road NE  
124 O'Boyle Hall  
Washington, DC 20017  
www.sarahgodoyphd.com

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## Out-of-Network Coverage Guide

This form is intended to offer suggestions for what to ask your insurance company when inquiring about out-of-network coverage for behavioral health services.

Health Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Your Relationship to Policy Holder: \_\_\_\_\_

### Questions to Ask:

1. Is a referral for outpatient behavioral health services required from a primary care physician?  
Yes                      No
  
2. Is authorization or precertification required for outpatient behavioral health services?  
Yes                      No
  
3. Is a specific claim or reimbursement form required?  
Yes                      No
  - a. If so, where can the form be obtained? \_\_\_\_\_
  - b. Where should this form be submitted? \_\_\_\_\_
  
4. Has my deductible been met?  
Yes                      No
  - a. If not, what is the remaining amount to be paid? \_\_\_\_\_

5. What is the coverage for outpatient out-of-network providers? (This is typically a percentage amount.) \_\_\_\_\_
6. What is my co-pay for an out-of-network behavioral health service? \_\_\_\_\_
7. What is the maximum number of outpatient visits covered with an out-of-network provider?  
\_\_\_\_\_
- a. How many covered visits do I have remaining? \_\_\_\_\_

Additional Questions/Comments: