



CHECKING YOUR OUT-OF-NETWORK OUTPATIENT MENTAL HEALTH INSURANCE BENEFITS

DBT of TOWSON is an “out-of-network” provider for all insurance carriers. Please contact your health insurance company to check on your out of network benefits and eligibility. Important questions to ask about your coverage are listed below.

Telephone number to call to check my benefits and eligibility (usually found on the back of your insurance card): _____

Does my insurance cover outpatient mental health services? YES NO

Does my insurance cover out-of-network providers? YES NO

Do I have a deductible for out-of-network providers? YES NO

Do I need a pre-authorization for out-of-network providers? YES NO

What percentage of fee does my insurance pay for out-of-network? _____

(What are the “reasonable and customary” rates in the 21204 zip code for Group Psychotherapy, 120 minutes, CPT90853. If asking about individual sessions, the initial evaluation is CPT 90791 and individual sessions 90837.)

Participants can request an itemized invoice listing dates of services, procedural codes, and payment received. Invoices will be made available at the end of each module.

Please remember you will be having your insurance company reimburse you directly. No payments should be sent to DBT of TOWSON. Group participants are responsible for paying fees at the time of group.