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Insurance Script for Psychotherapy Services

Please use this script to guide you in navigating a conversation with your insurance and ensuring that your psychotherapy services are covered by your health insurance.

We recommend that you have your insurance card(s) on hand when you call your insurance to provide the information on the card they need.

North Country Counseling is currently in network with most insurance companies in Minnesota and some in South Dakota. However, there are a few exceptions based on providers and types of services that insurances allow to be covered. If psychotherapy services are not covered under your insurance, we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement. **The superbill does not guarantee reimbursement.** We can accept FSA/HSA cards as a form of payment as well.

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

1. Ask if specific provider (planned provider) is in network with your insurance.
2. Does my plan cover outpatient psychotherapy counseling services? Ask about specific codes as some insurance company's allow certain codes and not others? Ask about the contracted rate for each type of session? Also ask how many sessions are allowed per year with your insurance plan?
3.
 - a. 90791 – covered/not covered Rate: _____ # of Sessions/Yr: _____
 - b. 90837 – covered/not covered Rate: _____ # of Sessions/Yr: _____
 - c. 90834 – covered/not covered Rate: _____ # of Sessions/Yr: _____
 - d. 90832 – covered/not covered Rate: _____ # of Sessions/Yr: _____
 - e. 90847 – covered/not covered Rate: _____ # of Sessions/Yr: _____
 - f. 90846 – covered/not covered Rate: _____ # of Sessions/Yr: _____
4. Do I have a deductible to meet first?
 - a. If yes, how much is my deductible? _____
 - b. How much of my deductible have I met? _____
5. Do I have an insurance co-pay? _____
6. Do I need a physician referral? _____

It is recommended you record the representatives name and reference # when checking your benefits. In the case of disputing a denied or rejected claim.

Representatives Name: _____

Date of Call: _____ Reference Number: _____

Live Your Best Life