



**Townsend Counseling**  
175 E 50th Street  
Garden City, ID 83714  
townsendcounseling.com

### Checking Insurance Benefits for Counseling Services

**Please note:** Townsend Counseling is in the process of becoming credentialed with Blue Cross of Idaho, Regence Blue Shield, Medicare, UnitedHealthcare, PacificSource, and St. Luke's Health Partners (including Mountain Health Co-Op, Humana, and SelectHealth). If you are contracted with another insurance company, you would be a private pay client. I am happy to provide you with a superbill to submit to your insurance company for potential reimbursement for our sessions. The superbill does not guarantee reimbursement.

I do not check client benefits, so it is your responsibility to know what your plan covers and your portion of the cost. There are times when insurance misquotes benefits, where they may process the claim differently than they initially said they would. In case of a misquote, you are still responsible for any copay/coinsurance/deductible amount that insurance reports. If insurance declines to cover your visit(s) for any reason, you are responsible for the full fee for the service(s) rendered.

**Call the member services number on the back of your card and ask for the following information, which will be necessary if you ever need to dispute a rejected claim:**

1. The representative's name: \_\_\_\_\_
2. Reference number for this phone call: \_\_\_\_\_
3. Does my plan cover outpatient counseling/mental health counseling? (Inquire about these specific CPT codes: **90791, 90837, and 90834**) \_\_\_\_\_
  - If yes, how many sessions are allowed? \_\_\_\_\_
  - Does my plan cover visits that are "medically necessary" or also preventative services? \_\_\_\_\_

4. Do I need a physician referral or prior authorization? \_\_\_\_\_  
*If you need a physician referral, this must be done before our first session. You will need to call your physician's office and have them fax over the referral to my office or bring the referral with you to your first appointment.*
5. Do I have a deductible to meet first? \_\_\_\_\_  
• If yes, how much? \_\_\_\_\_  
• How much of the deductible have you met? \_\_\_\_\_
6. Will I have a copay or coinsurance? If so, how much is it? \_\_\_\_\_
7. Is telehealth covered as well? \_\_\_\_\_