

Out-of-Network Insurance Information

LifeWorks is a Blue Cross Blue Shield (BCBS) PPO & Blue Choice provider. We also have Medicare providers on staff. We will file claims with Medicare or BCBS, if you are covered by one of those plans and seeing a therapist in that provider network. If you have another insurance carrier, we can provide a monthly statement for your claim, but we cannot make the claim for you.

What do you do if you have other insurance coverage? Here's some information to help you get the benefits you have from other insurance plans.

OPTIONS IF YOU ARE NOT INSURED BY BLUE CROSS BLUE SHIELD PPO...

Call your insurance carrier (a toll free number can usually be found on the back of your insurance ID card), or speak to the Human Resources person at your place of employment. **The form at the end of this document provides a complete list of all information you should verify.**

Here are some questions you should ask:

1. What is the rate paid for out-of-network mental health benefits? This will be given in a percentage, for example, 70%.
2. Is there a deductible to be met, and specifically, is there an additional out-of-network deductible? If you call your insurance carrier, you will likely be informed of the dollar amount left to be met on the deductible.
3. Is there a maximum fee (also referred to as the "fee schedule maximum") that is allowed? This is important to know because your benefit rate will be based on this (for example, if the standard maximum fee is \$100 per session, and your rate is 70%, you would receive \$70 per session (after your deductible is met) even if you pay more than that maximum amount to LifeWorks.

GETTING REIMBURSED

If you become a LifeWorks client but don't have Blue Cross Blue Shield (BCBS) insurance, how do you get reimbursed for what you pay LifeWorks?

1. A "SuperBill" can be provided to you that has all the information on it that the insurance company needs to process your claim. You just need to put your address

and insurance ID# on the form. Some insurance carriers require you to submit the SuperBill with a basic claim form.

2. Make a copy of the SuperBill for yourself, and then attach it to your insurance claim form (you can download online at your insurance company's website or get a copy from your HR department). Mail that to your insurance company.
3. It may take as long as 4-6 weeks to receive your reimbursement and an explanation of benefits (EOB). The EOB will detail each date of service (DOS), the amount you paid, the maximum fee allowed, the reimbursement rate, and the amount you have been reimbursed.
4. LifeWorks cannot file claims for you unless you are covered by BCBS PPO, Blue Choice or Medicare.

Insurance Verification Form

Name: _____ Diagnostic Code: _____

Client Name: _____ Date of birth: _____

Insurance Carrier: _____ Ins. Phone Number: _____

ID # _____ Group Number: _____

BCBS Plan Product Type: PPO _____ Blue Choice _____

Effective date: _____ Calendar or Benefit year _____

Does your plan cover teletherapy for mental health services? _____

Deductible: \$ _____ Met: \$ _____

Out of Pocket: \$ _____ Met: \$ _____

Coverage: Copay \$ _____ or Co-insurance: % _____

Maximums: Y/N Visit Max _____ Dollar Max: \$ _____

Carve out Plan: Y/N Company _____ Phone Number _____

Pre-Auth Needed: Y/N Company _____ Phone Number _____

Call Reference Number _____ Date _____

Rep Name _____

Other Notes: