

**Pre-Visit Insurance Worksheet**  
**Mill Creek Psychiatry, PLLC**

**425-408-2536**

Since the mental health benefits vary for each plan, Dr. Hajek strongly recommends that call your insurance company and ask the following questions so you know exactly what your insurance company will cover and what charges you will be responsible for. The more that you know about your coverage, the better you can plan ahead and participate in your treatment decisions.

Do I have an outpatient mental health benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Dr. Hajek an: <input type="checkbox"/> "In Network" Provider <input type="checkbox"/> "Out of Network" provider	
Do I need to have pre-authorization from the insurance company for mental health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does my primary care physician have to submit a referral so I can see a psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What mental health services are <i>not</i> covered? These are often called exclusions (i.e. treatment for obesity)?	
Is there an annual deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	\$
If yes, how much have I paid so far this year?	\$
What is the total number of mental health sessions allowed per year?	
How many of those sessions have been used so far this year?	
What steps should be taken if more than allowed number of sessions are needed?	
When does the policy renew (i.e. January 1 each year or a different date)?	
What percentage does insurance cover after my deductible is met (i.e. 80%)?	%
Do I have a co-pay or co-insurance? <input type="checkbox"/> Co-pay <input type="checkbox"/> Co-insurance	
What is my visit co-pay (fixed fee for all doctor visits)?	\$
What is my visit co-insurance (% I pay after deductible is met-i.e. 20%)?	%
Dollar amount that the insurance company estimates they will pay each session after deductible is met?	\$
Out of pocket amount that the insurance company estimates I will pay each session?	\$
What is my prescription medication benefit?	
What is my laboratory/blood work benefit?	
Date and name of the customer service representative. Date: _____      Name: _____	