

## **Questions for determining In-Network Benefits**

If you have more than one insurance plan, the primary insurance is the plan to which you are the subscriber. Claims must be submitted to this plan first. Then, a rejection from the primary insurance is submitted to the secondary plan. Make sure that you get information from all plans, and establish which plan is primary for you. We only submit claims for the primary insurance only.

Call your insurance company. It is important to **verify benefits, even if we participate with your plan. Sometimes people have Aetna for medical benefits, but NOT for their mental health coverage. Mental health may be outsourced to** another plan like Magellan. To avoid being stuck with a large bill, **CALL AND VERIFY!!!** Make sure **you note the date and time of your call, as well as the Rep with whom you speak.**

In-Network Questions: If you can only go in-network, ask:

1. Do I have a deductible? If yes, how much is it?
2. What is my co-pay?
3. How many sessions are allowed each year?
4. Is pre-certification required?
5. How is pre-certification obtained?
6. If they approve you, ask, how many sessions have been approved? What is the authorization #?

Finally, ask the billing address for claims, and the electronic payor ID #. No need to obtain this info if you have Aetna, Value Options or Medicare.

OUT Of Network Questions: Ask the following questions:

- Can I see any psychologist I want, or must I go in the network?
- The initial evaluation is 90791 and the charge is \$250.
- Individual Psychotherapy (90834) (38 to 45 minutes face to face) \$200.
- Individual Psychotherapy (90837) (53 to 60 minutes face to face) \$225 Sometimes this code requires additional authorization.
- Family therapy is 90847 and the charge is \$225 per session.
- Family therapy without patient present 90846 is \$200.00 Sometimes this code is not honored.
- Am I permitted to have family psychotherapy or only individual psychotherapy? **(Marital or couples counseling is never covered).**
- If you can see anyone, ask "what is my deductible?"
- Once the deductible is met, what percent does the ins company pay?
- Is this payout based on Dr's fee, or some fee the ins company establishes?
- Do you pay differing amounts whether my disorder is biologically based or not?
- Do I need precertification for my psychotherapy sessions?
- How do I get the pre-authorization?
- How many sessions have been approved? What is the authorization #?
- How many sessions are allowed each year?
- Finally, ask the billing address for claims, and the electronic payor ID #. No need to do this if you have Aetna, Value Options or Medicare.

Once you have the answers to these questions, call us, so we can **establish an appointment time. Please note, payment must be made with check or cash. We do not accept credit cards.** Thank you.

Both Drs Tamara and Mark participate with all Aetna plans (unless the mental health is covered by a plan other than Aetna). Dr. Mark participates with traditional Medicare (not the Medicare Advantage plans). Also, Dr Tamara participates with Value Options.

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