



Rev 12/21/21 TG-PPL

## Patient Price Estimate Worksheet

Professional Practice, LLC – Full Service Medical Billing

PO Box 503010, White City, OR 97503-0813

Phone (541)234-4781 / [info@professional-practice.org](mailto:info@professional-practice.org)

Our office will provide with you with a Good Faith Estimate of your benefits (per 45 CFR 149.610). The benefits estimate that we send you is not a guarantee and is based on the information we receive from your insurance company. We strongly encourage you to also take this opportunity to contact your insurance company to find out what your insurance will cover for the services that you are seeking.

- You can use your insurance company's online member center tool. This tool varies by region and by company. You can call the phone number on the back of your insurance card for assistance with this tool.
- **OR:** You can call the phone number on the back of your insurance card. The tollfree number for "Member Services" or "Customer Service" will likely be the most direct number.
  - Follow the prompts to speak with Customer Service.
  - Tell the representative you speak with in Customer Service that you would like to find out what your benefits are for services with your provider or clinic.

The following 5-minute YouTube clip explains some useful basics about how your policy works:

<https://www.youtube.com/watch?v=DBTmNm8D-84>

Provider / Practice Name:	
Provider NPI# (National Provider ID #)	
Provider Type (Circle One)	Psychiatrist / Psychologist / Psychotherapist / Other: _____
Date / Time of Call	
Phone Number Called	
Representative's Name	
Call Reference Number	
Is the provider in network or out of network?	In Network / Out of Network
Do I have a deductible <sup>1</sup> ?	Yes / No
Does my deductible apply to outpatient mental health services?	Yes / No
Does my deductible apply to Outpatient Mental Health treatment? (Codes listed below per provider type)	Yes / No
<b>PSYCHIATRIST.</b> Codes which may be billed for <b>standard psychotherapy and medication management with a PSYCHIATRIST (MD, DO, PMHNP):</b>	

° PO Box 503010, White City, OR 97503-0813 ° Phone (541)234-4781 ° Fax (503)419-4662 °

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<p>CPT 99205 – Intake Session          CPT 90792 – Intake Session          CPT 99214 + 90836 – Office Visit + Psychotherapy 60 Min          CPT 99214 + 90833 – Office Visit + Psychotherapy 30 Min          CPT 90837 - Psychotherapy 60 Minutes</p>	
<p><b>PSYCHOTHERAPIST.</b> Codes which may be billed for <b>standard psychotherapy with a PSYCHOTHERAPIST (LPC, LCSW, LMFT, MFT):</b>          90791 – Intake Session          90834 – Psychotherapy 45 Minutes          90837 – Psychotherapy 60 Minutes          90846 – Family therapy (patient not present)          90847 – Family therapy (patient present)          90853 – Group psychotherapy</p>	
<p><b>PSYCHOLOGIST.</b> Codes which may be billed for <b>psychological testing with a psychologist (PhD, PsyD):</b>          90791 – Intake Session          90837 – Follow Up Session 60 Minutes          90834 – Follow Up Session 45 Minutes          96130 – Psychological Testing 60 Minutes          +96131 – Psychological Testing – additional 60 Minutes          96132 – Neurocognitive Testing          +96133 – Neurocognitive Testing – additional 60 Minutes          96136 – Psychological Testing 30 Minutes          +96137 – Psychological Testing – additional 30 Minutes</p>	
<p>Does my plan cover telehealth services?          Does my plan exclude telehealth services? <sup>3</sup>          Is my coverage for telehealth the same as my coverage for in-person (face-to-face) sessions?</p>	<p>Yes / No          Yes / No          Yes / No</p>
<p>How much of my deductible has been met, and how much remains to be met?</p>	<p>Met: \$ _____          Remaining: \$ _____</p>
<p>When (what date) does my deductible renew?</p>	
<p>Do funds applied to my deductible in the last quarter of the plan year apply to my deductible the following year?</p>	<p>Yes / No</p>

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Do I have a separate family deductible?	Yes / No
... if so, how much has been met, and how much remains?	Met: \$ _____ Remaining: \$ _____
<u>What are my benefits after my deductible is met?</u> Do I have a copay (set dollar amount that I will have to pay per session)? Do I have a coinsurance (a percentage of the allowed rate that I will have to pay per session)? Do these benefits vary depending on the type of service (reference listed CPT codes above according to the provider type that you are seeking treatment with)?	
Do I have an out-of-pocket maximum (aka: stop-loss)? <sup>2</sup>	Yes / No
How much is my out-of-pocket maximum, and how much is remaining?	Met: \$ _____ Remaining: \$ _____
Can you give me a quote of my out-of-pocket expense for this treatment in writing?	

1. Deductible: The amount you pay out of pocket for covered health care services before your insurance plan starts to pay
2. Out of pocket max is the maximum amount that you would have to pay out of pocket for healthcare in the plan year before your insurance begins paying 100% of charges for in network providers.)
3. Telehealth: Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care. (<https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878>)

Some of the questions on this worksheet may seem redundant but asking all of them is important because discrepant answers to seemingly redundant questions help to uncover important information.

Feel free to send a copy of your completed worksheet to the billing office for your file. In some cases, your Patient Price Estimate Worksheet may be useful in appealing claim(s) with your insurance company in the event that your insurance company pays less than expected.

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