



A CLIENT'S GUIDE TO

VERIFYING INSURANCE COVERAGE

We ask clients to confirm their coverage with Insurance providers before their first appointment with a therapist at Wayfinder Counseling so both the client and the provider can make the most of their sessions.

Empower Yourself. Knowing your benefits in advance reduces the risk of getting a surprise bill down the road. This handout walks you through the process of verifying your health insurance coverage step by step and provides space to record the info as you go. Please keep this worksheet in a safe place as you will be asked to provide the information as part of the intake process.

Please note: Your provider at Wayfinder Counseling is currently in-network with Premera BCBS of Washington State only.

If we are not able to submit claims to your insurance, we are happy to provide a monthly superbill (itemized receipt) you can submit to request reimbursement. The superbill is not a guarantee of coverage or reimbursement, and sessions not covered are the responsibility of the client.

Payment is due at the time of service.

This handout is for informational purposes only and is not a guarantee of coverage.



OUR PRACTICE INFORMATION

*Your insurance provider may ask for this information.
Please keep it nearby when contacting them.*

WAYFINDER COUNSELING

Address: 2027 196th St Sw, Suite A205, Lynnwood Wa 98036-7073
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Practice Type: Group
EIN/Tax ID: 84-3336210
Type 2/Org NPI: 1194311340

Contact: Jennifer Lee, Licsw - Founder & Owner, Psychotherapist, Clinical Supervisor
Betsy Mckeeman - Administrative Assistant

OUR PROVIDERS

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YOUR INFORMATION

Use this form when calling your insurance to record the information they provide.

PRIMARY INSURANCE: _____

MEMBER ID: _____ PREFIX/SUFFIX: _____

GROUP NUMBER: _____

SUBSCRIBER NAME: _____ DOB: _____

YOUR RELATIONSHIP TO SUBSCRIBER: Self Spouse Child Other

SUBSCRIBER'S EMPLOYER: _____

OUTPATIENT MENTAL HEALTH COVERAGE? YES NO

TELEHEALTH COVERAGE? YES NO

OUT OF NETWORK COVERAGE? YES NO

PRIOR AUTH REQUIRED? YES NO

PHYSICIAN'S REFERRAL REQUIRED? YES NO

CPT CODES COVERED? _____ 90791 _____ 90837

SESSIONS COVERED: _____

COPAY AMOUNT: _____ COINSURANCE AMOUNT: _____

DEDUCTIBLE: _____ CURRENT DEDUCTIBLE: _____

MAX OUT OF POCKET: _____ CURRENT OUT OF POCKET: _____

PROCESS FOR SUPERBILL/CLAIM REIMBURSEMENT: _____

SECONDARY INSURANCE*: _____

****IMPORTANT: If you have secondary insurance coverage, you'll also need to disclose this to both insurance providers. We may not be able to submit claims to your insurance if this is not done.***

MEMBER ID: _____ PREFIX/SUFFIX: _____

GROUP NUMBER: _____

SUBSCRIBER NAME: _____ DOB: _____

YOUR RELATIONSHIP TO SUBSCRIBER: Self Spouse Child Other

SUBSCRIBER'S EMPLOYER: _____

OUTPATIENT MENTAL HEALTH COVERAGE? YES NO

TELEHEALTH COVERAGE? YES NO

OUT OF NETWORK COVERAGE? YES NO

PRIOR AUTH REQUIRED? YES NO

PHYSICIAN'S REFERRAL REQUIRED? YES NO

CPT CODES COVERED? _____ 90791 _____ 90837

SESSIONS COVERED: _____

COPAY AMOUNT: _____ COINSURANCE AMOUNT: _____

DEDUCTIBLE: _____ CURRENT DEDUCTIBLE: _____

MAX OUT OF POCKET: _____ CURRENT OUT OF POCKET: _____

PROCESS FOR SUPERBILL/CLAIM REIMBURSEMENT: _____



IN-NETWORK BENEFITS

*Premera BCBS and Wellspring EAP **only***

Contact Information

Employer-Sponsored Plans.....(800) 722-1471

Independently-Purchased Plans.....(800) 607-0546

(Select the menu option for "Benefits" or "Eligibility" when calling.)

Website.....www.premera.com/sign-in

Client Forms.....www.premera.com/visitor/forms

**Excluding FEP and other out-of-state BCBS plans available through the Blue Care Network.*

What to Ask When Calling

Use the space provided above to record the information you are given.

Representative Name: _____ Date of Call: _____

Call Reference Number: _____

1. Does my plan cover outpatient mental health services with an individual provider?
2. Does my plan cover outpatient telehealth services with an individual provider?
3. Does my plan cover CPT billing codes 90791 and 90837?
4. How many sessions does my plan cover?
5. Is prior authorization required for coverage?
6. Do I need a physician referral for coverage?
7. Do I have an annual deductible to meet before coverage kicks in?
8. What is my total annual deductible amount, and what is my current deductible amount?
9. What is my Copay amount?
10. What is my coinsurance amount?
11. What is my total max out of pocket amount?
12. What is my current out of pocket amount?



OUT-OF-NETWORK BENEFITS

The following insurance providers are considered **out of network** and we are not able to bill directly for services.

- REGENCE
- AETNA
- ANTHEM
- CIGNA
- FIRST CHOICE
- BCBS EXCHANGE / OTHER BCBS
- PREMERA FEP
- KAISER
- LIFEWISE
- MOLINA
- TRICARE
- UNITED HEALTHCARE /OPTUM

What to Ask When Calling

Use the space provided above to record the information you are given.

Representative Name: _____ Date of Call: _____

Call Reference Number: _____

1. If my provider is out of network, is it possible to get reimbursed for the fees I pay out of pocket? What is the process for reimbursement requests?
2. Does my plan cover out of network outpatient mental health with an individual provider?
3. Does my plan cover out of network outpatient *telehealth* services with an individual provider?
4. Does my plan cover CPT billing codes 90791 and 90837?
5. How many sessions does my plan cover?
6. Is prior authorization required for coverage?
7. Do I need a physician referral for coverage?
8. Do I have an annual out of network deductible to meet before coverage kicks in?
9. What is my total annual out of network deductible amount, and what is my current out of network deductible amount?
10. What is my out-of-network Copay amount?
11. What is my out-of-network coinsurance amount?
12. What is my total out-of-network max out of pocket amount?
13. What is my current out-of-network out of pocket amount?