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**Questions to ask your PPO plan about using an out-of-network mental health provider for outpatient treatment.**

1. Do you reimburse for out-of-network mental health visits?
2. What is the deductible for out-of-network mental health payments?
3. Is the deductible for out-of-network mental health payments separate from the deductible for medical payments?
4. How much of the deductible has been met so far this year?
5. What is the coinsurance for out-of-network mental health payments? (Coinsurance is a percentage, copay is a fixed fee.)
6. How many visits are permitted per year, and when is the break point between years?
7. Can I submit claims for reimbursement online or do I mail them in?
8. Do I need to submit a detailed receipt, or superbill, from the provider in order to be reimbursed?
9. When appropriate, what is the procedure for using a Health Savings Account for payments? (Sometimes no claim is necessary at all, and it is done automatically by the insurance company, if the payment is made to an account that is registered as a Health Care provider.)
10. What CPT code do they require to be put on the superbill for reimbursement? The insurance company may not answer this question.

**If you choose to go ahead and use your PPO plan to cover our sessions, please submit a claim soon after your first session, to make sure that reimbursement proceeds smoothly.**