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Below are questions to ask your insurance company regarding your mental health benefits if you would like to obtain reimbursements for your visits.

1. Do I have mental health benefits for outpatient mental health visits?
2. What is my deductible and has it been met?
3. When and how will I know if my deductible has been met if I am the one submitting the claim for reimbursement?
4. Is precertification required for me to meet with a licensed clinical social worker?
5. How much will I be reimbursed for an individual therapy session (code #90806) with an out-of-network licensed clinical social worker?
6. If they say they cover a percentage of the "Usual and Customary Rate," ask what their usual and customary rate is for a session with a licensed clinical social worker.
7. How many sessions per calendar year does my plan cover?
8. What are the limits of my coverage with an out-of-network provider?