

Henry C. Skinner, M.D.
Family Psychiatry of Maine, LLC
253 Main St.
Yarmouth ME 04096

Phone 207-650-1393
Fax 888-538-7919
henryskinnermd@gmail.com
www.familypsychiatry.me

OUT-OF-NETWORK REIMBURSEMENT WORKSHEET

This worksheet is to help you ask the right questions of your insurance carrier when you talk to them about reimbursement for mental health services. Call the member services number listed on your insurance card to see how your policy allows for reimbursement of out-of-network services.

They may ask for Family Psychiatry of Maine's Tax ID number (27-2961723) or Dr. Skinner's NPI number (1619949526).

Name of Insurance Carrier: _____
Name of subscriber: _____
Subscriber ID: _____
Name of patient, if not same as subscriber: _____

If out-of-network benefits are available on your policy, you should ask:

- 1) Is there a deductible? Is it per person or for everyone on the policy? Deductible Amount: _____
- 2) What is the maximum number of visits per year? _____
- 3) What percent of the cost of the service is covered? _____
- 4) How do I submit claims? _____
Address: _____
Fax: _____
How to get the form? _____
- 5) Is prior approval required? YES or NO
How do I obtain approval? _____
- 6) Is a referral required? From whom? _____ Is there a specific form for that? _____
- 7) If they provide authorization over the phone, record the following important information:
Effective date: _____ Expiration date: _____
Number of visits: _____ Procedure Codes Approved: _____
Authorization number: _____
First and last name of person you spoke with _____