

TIPS FOR CALLING INSURANCE

1. Keep a log of what number you called, the exact name of the person with whom you spoke, their position, what they said, and what time you made the call. When possible write down exactly what they tell you and read it back to clarify. We suggest a spiral notebook so all entries are in order to support any appeal process.
2. Ask for behavioral health / substance abuse benefits
3. If needing residential, ask for non-medical residential benefits – NOT INPATIENT (inpatient is in a hospital setting)
4. If your insurance is out of network, ask if a single case agreement can be made for co-occurring disorder treatment facilities (there are no other substance abuse / co-occurring treatment facilities in the immediate area)
5. Ask about your deductible / co-pay, visit limitations, if family therapy sessions are covered.
6. Call back and speak with another contact person if you believe the one with whom you spoke seems unconcerned about your situation or seems uninformed. (See point #1 again).
7. Do not accept, “I think so,” as an answer. If the person is not sure, ask, “With whom may I speak that can answer that question?”
8. Ask for a supervisor. Be pleasant, but one can always ask to speak to a supervisor. (See point #1 again).
9. Phoenix Programs, Inc has CARF accredited services for outpatient and residential
10. Precertification is not a guarantee of benefit payment. The final determination is made when the claim is submitted. Services must be supported by need and diagnostic impression.
11. Reimbursement rates may not be the same as our fees. If you are out of network or have a deductible, the rate that your insurance company reimburses you is based on their allowable cost for that particular service and if they deem it medically necessary. For instance, if you pay \$100 for a service, your insurance company may only allow \$70 – this would be what you would receive back on your reimbursement if applicable.