



## OUT OF NETWORK (OON) BENEFITS WORKSHEET

***This form is provided as a resource for clients to help you better understand your OON benefits. If you call your insurance company and complete this form, it can provide information related to OON claims that are specific to your plan. Clients are responsible for all costs associated with services at the time the services are provided. If you plan to claim reimbursement from your insurance company, it is your responsibility to file the claim directly with your insurance plan/carrier. This form is intended only as a resource for clients and Dawn Cohen LCSW LLC is not responsible for changes or errors made through the utilization of this form.***

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Date of contact insur. company: \_\_\_\_\_

Name of Rep: \_\_\_\_\_

1. Does my plan offer Out of Network (OON) Benefits?:    YES                  NO

2. What is my Out of Network Deductible?: \_\_\_\_\_

3. How much of my Out of Network deductible have I met to date?: \_\_\_\_\_

4. Once I reach my deductible, how much does my plan reimburse for services provided by an Out of Network mental health/behavioral health provider? \_\_\_\_\_

5. The date my Out of Network benefits renew is on \_\_\_\_\_

6. How do I submit OON claims for reimbursement? \_\_\_\_\_

7. **What is the Reference # for this call?:** \_\_\_\_\_