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- Have your insurance card nearby.
- Speak to a customer service representative, as the automated benefits line does not always include Behavioral Health benefits.

A. Verifying Benefits

"I need my benefits for Outpatient Mental Health with in-network **and** out-of-network providers."

- "What is the effective date of coverage?"
- "What is the annual deductible?" "How much has been met to date?"

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- "What is the percentage paid after deductible is met?" _____
 - "What is the co-payment or co-insurance amount?" _____
 - "Is referral from Primary Care Physician or Medical Group required?" (Usually HMO)
(If this is required, **only** the member/client is authorized to obtain this referral and should follow through accordingly.)

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- "Where do we mail Behavioral Health claims?"
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- "Is precertification required?" _____
- If so, transfer to Authorizations Department and follow guidelines under **Section B**.

B. Obtaining Authorization/Precertification

- Know your therapist's name and credentials and mailing address. (See top of page)
 - "What is the authorization number?" _____
 - "What is the authorization start date and end date (Be sure to disclose your first session date, if you know it, so it will be included in authorization.)" _____
 - "How many sessions are authorized?" _____
 - "Where do we mail claims?" (IMPORTANT: This is often a different address than the one used in cases where precertification is NOT required).
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Bring this information, along with your insurance card, to your first counseling session.