

**Glovan, Pollak and Associates LLC
THE BEHAVIORAL WELLNESS GROUP**

CALLING YOUR INSURANCE COMPANY: INTENSIVE OUTPATIENT PROGRAM (IOP)

The following questions are helpful for you to ask of your insurance company, since mental health benefits at times are handled differently than your medical benefits. Please call the toll free number, usually on the back of your insurance card, for mental health/behavioral health benefits. If you don't have a card, check your benefits manual for the number. Please ask the following questions:

1. Are Intensive Outpatient Programs (IOP) covered under my plan? ___Y ___N

For the Dual Diagnosis IOP, CPT Code: 90853N with Revenue Code 0906
Billed on UB04 (sometimes called a "facility claim form")

For the Health/Wellness IOP, CPT Code: 90853N with Revenue Code 0905
Billed on UB04 (sometimes called a "facility claim form")

2. The provider I am seeing is - Dr. John A. Glovan for Health and Wellness
- Mr. Michael J. Pollak for Dual Diagnosis

The Facility is: The Behavioral Wellness Group
Glovan, Pollak and Associates, LLC

Facility Tax ID: 46-5078878

3. If this facility is out of network for IOP, do I have out of network IOP benefits?
___Y ___N What is my out of network IOP benefit? _____

4. Do I need prior authorization? ___Y ___N Phone# _____

5. What is my annual mental health deductible? _____
Is this per calendar year? ___Y ___N

6. Is there a limited number of IOP sessions per calendar year? ___Y ___N

7. What is my IOP copay/co-insurance? _____

8. Is there a maximum dollar amount per year that insurance will pay? _____

9. Is there an "out of pocket maximum" before insurance pays 100%? ___Y ___N

\$ _____

Who Spoke With _____

Date _____

*****Please complete and forward prior to or bring to your first appointment*****