



PEACE OF MIND CENTER, LLC  
Matthew R. Mills, M.D. • Psychiatrist

## QUESTIONS TO CONSIDER WHEN CONTACTING YOUR INSURANCE COMPANY

Please read this document carefully. It was drafted for your benefit. If you will be seeing Dr. Mills and using insurance to off-set the costs of his services, there are some basic things you should know.

In the vast majority of cases, Dr. Mills uses two billing codes to submit to Blue Cross and Blue Shield. The first code (90801) is used for the Initial Evaluation. The second code (90805) is used for follow-up medication management visits.

You must let BC / BS know that the services are for "Outpatient Behavioral Health in a Doctor's Office."

### THERE ARE IMPORTANT QUESTIONS YOU MUST ASK BLUE CROSS & BLUE SHIELD:

1. What is my co-pay for each visit?

Copayment (definition): A specified dollar amount you pay for covered health care services. It is paid to Dr. Mills at the time the services are rendered. This amount normally ranges from \$0 - \$30 / visit.

2. What percentage of the cost of each visit does Blue Cross and Blue Shield pay for? What percentage of each visit am I responsible for? (referred to as "coinsurance")?

Coinsurance (definition): The share or percentage of covered expenses you must pay in addition to the deductible. For example, your policy may pay 85% of covered charges after you pay the deductible. You would then pay the remaining 15% to Dr. Mills as coinsurance.

3. What is my annual deductible amount?

Deductible (definition): The dollar amount you must pay out-of-pocket to Dr. Mills before BC / BS begins paying for anything. Usually, the higher the deductible, the lower your premium. Please bear in mind that insurance deductibles start over each year, on January 1st.

4. Do I need "prior authorization" before treatment and, if so, how many sessions will BC / BS authorize initially and what must I do to obtain authorization for additional sessions?

5. Do I have a pre-existing waiting period?

Pre-existing conditions are a Member's mental health conditions for which medical advice, diagnosis, care or treatment was recommended or received during the months immediately preceding the effective date of coverage. If your mental health condition or illness is determined to be a pre-existing condition, a waiting period of up to 12-months may apply.