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DIPLOMATE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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The TMS Neuromodulation Practice

OUT-OF-NETWORK WORKSHEET

Call the number on your insurance card for Mental Health or Customer Service. Ask the following questions and write down the answers.

- A. Do I have out-of-network benefits for outpatient mental health services?
- B. Do I have coverage for rTMS (CPT Codes 90867, 90868, 90869)? _____
- C. What are the criteria for rTMS coverage? _____

- D. Do I need Prior Authorization to have services covered? _____
 - 1. If so, how do I get the Prior Authorization? _____
 - 2. *For Dr. Haxton – please obtain:
 - Department _____
 - Name _____
 - Direct Phone Number _____
- E. Are there any deductibles?
 - 1. Out of pocket? _____
 - 2. Co-insurance or co-pays? _____
 - 3. And/or other amounts I am responsible for before my benefits begin? _____
 - 4. What are these exact amounts? _____
- F. After benefits begin, what percentage is covered? _____
- G. Where and how do I submit claims/bills? _____
 - 1. Do I need a special form to submit claims/bills and if so, where do I get it?

Before ending call, get the agents: Name, Phone Number, and the Date

Other Notes: