

# Joel D. Carnazzo, Psy.D., P.C.

30 N. Michigan Ave, Suite 1519  
Chicago, IL 60602

800 S. Northwest Highway, Suite 102A  
Barrington, IL 60010

847-381-5001 (o)  
847-381-5059 (f)

## Quote of Outpatient Mental Health Benefits

Date: \_\_\_\_\_

Ask for outpatient Mental Health benefits for an Office Visit.

Insurance Carrier \_\_\_\_\_

Managed Care Org (if Applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Preauthorization Required? YES / NO

Annual Deductible: Individual \_\_\_\_\_ Amount Met \_\_\_\_\_

Family \_\_\_\_\_ Amount Met \_\_\_\_\_

Coinsurance: \_\_\_\_\_

Copay Amount: \_\_\_\_\_

Annual Out-of-Pocket Maximum: \_\_\_\_\_

Lifetime Limit/Maximum: \_\_\_\_\_

### **Definition of Terms:**

**Annual deductible:** The amount you are required to pay annually before reimbursement by your health care benefits plan begins.

**Annual out-of-pocket maximum:** The maximum amount, per year, you are required to pay out of your own pocket for covered health care services after the deductible and coinsurance requirements are met.

**Coinsurance:** A percentage of a covered service that you are responsible for paying or the percentage paid by your plan.

**Copayment:** A fixed dollar amount you are required to pay for covered services at the time you receive care.

**Effective Date of Coverage:** The date your coverage begins. Please note: The effective date can also represent the date a change in your coverage took effect. If you have questions, please call the number on the back of your ID card for more information.

**Out-of-Pocket maximum:** The maximum amount you have to pay for expenses covered under your health care plan, after any deductible is met, during a defined benefit period.