

Your Insurance Call Notes

Use the contact number on your insurance card or your plan's official website. Have the program and clinician details available. Keep answers about each provider separate.

Understand the answer before recording it [4] [5] [6]

- **Deductible:** what you pay for covered care before your plan begins paying for services subject to it. Some services are covered before you meet it. Ask how much remains and whether a separate deductible applies to this service.
- **Copayment, or copay:** a fixed amount for a covered service. It may differ for visits, medicines or other services. Ask whether you pay it before or after meeting your deductible.
- **Coinsurance:** your percentage of the covered service's allowed cost, usually after the deductible. The allowed cost is the amount the plan recognizes for that service, which may differ from the provider's quoted charge.
- **Fictional arithmetic example:** if the covered allowed cost is \$200, the deductible is already met and your coinsurance is 20%, that share is \$40. This is not a treatment quote or a prediction of your bill. Ask the plan which rules apply.
- **Original call opening:** "I am checking coverage for substance-use treatment with [program or clinician]. Can you help me understand the covered services, requirements and what I might owe?"

Keep notes private. Write or type short notes. Use another copy if you need more room. Save and reopen the PDF to check your answers.

Call details

Date, representative, department and reference number.

Providers and services checked

Ask: Is this facility and each clinician in my network? Record each answer separately.

Coverage and requirements

What is covered? Are referrals or prior authorization required? Who handles the next step?

Your share of the cost

Ask how network status affects your costs, including deductibles, copayments or coinsurance. Record the plan's explanation.

Written confirmation and next action

Where can you read the benefits or decision? What will you ask the provider next?

Keep the answer in context

Record the plan and service the answer applies to. These notes organize the conversation; they do not guarantee coverage or a final price. Prior authorization is a plan approval required for some services. It does not guarantee that the plan will pay. Ask what services, dates and conditions the answer covers, and request written confirmation. [1] [7]

Sources

- [1] [NIAAA: Costs and insurance](https://alcohol.treatment.niaaa.nih.gov/costs-and-insurance) (alcohol.treatment.niaaa.nih.gov)
- [2] [NIAAA: Questions for treatment programs](https://alcohol.treatment.niaaa.nih.gov/questions-for-treatment-programs) (alcohol.treatment.niaaa.nih.gov)
- [3] [SAMHSA: Choosing quality treatment](https://www.samhsa.gov/choosing-quality-treatment) (samhsa.gov)
- [4] [HealthCare.gov: Deductible](https://www.healthcare.gov/deductible) (healthcare.gov)
- [5] [HealthCare.gov: Copayment](https://www.healthcare.gov/copayment) (healthcare.gov)
- [6] [HealthCare.gov: Coinsurance](https://www.healthcare.gov/coinsurance) (healthcare.gov)
- [7] [HealthCare.gov: Preauthorization](https://www.healthcare.gov/prior-authorization) (healthcare.gov)