

Connie Hurst, M.A., MFCC# 41463

Questions to ask your insurance company:

1. Do you cover biofeedback?
2. If yes, is it under medical or psychological?
3. Will you pay for biofeedback for (*your symptom*)?
4. What rate do you pay? (i.e. 80% of usual and customary or 80% of billed amount)
5. What is my deductible?
6. Do I have any deductible left?
7. How many sessions of biofeedback will you pay per year?
8. Is there a limit of total amount paid out?
9. If it is covered under medical, must I get a letter from MD to say it is medically necessary?
10. Do I need to send the letter before I see the biofeedback therapist or can it go with the first bill?
11. If I do not need a letter do I need a prescription?
12. Do you pay a non-provider?
13. Will you refer out of the network?
14. If you do, do I need to see my network doctor to make the referral to the biofeedback therapist?
15. What is the licensing required of the provider? (i.e **Licensed Marriage Family Therapist**, Psychologist, MD,)
16. The biofeedback codes are 90901 & 90876: what do you pay on each one?

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