



Tax ID# 38-4057479

Use this script when calling your insurance

[Whole Child Collective, LLC](#)

503-387-6116 p) 503-387-3941 f)

Do I have Out-of-Network (OON) Mental Health Benefits, specifically for psychological testing?	If not, do they allow an exception request from the member or Pediatrician for In-Network status?
What is the benefit? (Specific CPT codes listed below)	
Is this a combined benefit for IN and OUT of network:	OON:\$ In network:\$
Is there co-insurance or just a copay?	OON:\$ In network:\$
What is my Out-of-Pocket Max:	OON:\$ in network:\$
Visit Limits for therapy vs testing?	
Does it require Prior Authorization:	
If so, how do I obtain authorization since my provider does not bill insurance and when do I need to submit for it:	
Is a referral required from my pediatrician or referring professional:	We do not provide referrals since we are not the referring provider
Is Telehealth covered for the codes below? What modifiers are needed?	In case you want/need to ever switch an appointment this is good to know as we do not track this with each specific plan
Are there any exclusions on my plan based on the Procedure (CPT) codes?	le: not covered if related to learning disorder, or dyslexia?
What are the exclusions?	
How and where do I submit my Superbill after everything is done?	
How long does it normally take to get reimbursed?	You will receive our Superbill to submit 2-3 weeks after you receive the final evaluation. This process can take 1.5-3 months depending on provider and caseload
What is your name?	Representative:
Is there a reference # for our call?	
Today's date:	

Testing includes all CPT codes:

90791, 96136, 96137, 96130 & 96131, 90837, 90834, 90832, 90846, 90847, 98968

Therapy Dr. Iteld CPT Codes: 90791, 90837, 90834, 90846, 90847, 98968

Family Therapy codes: 90846, 90847, 98968

(blue font represents codes for therapy that might overlap with testing)