

IMBS Insurance TIP Sheet

While IMBS does not participate in insurance reimbursement processes, we aim to provide you with tools to help make your navigation of the process easier.

Please be advised, that just because an insurance plan covers a specific service, this does not necessarily mean they will pay for the same service. For instance, many insurance companies cover biofeedback but will require specific diagnoses to consider biofeedback medically necessary and to reimburse for the service.

Please be sure to have your insurance card handy, you will need the customer service number on the card and your policy number for the call.

Information You Will Need to Provide:

IMBS Info you might be asked for on your call: Business Name: Integrative Mind and Body Services	NPI: 1437923968	Tax ID/EIN: 93-4196521
CPT Codes That will Be Asked For: 90791 – Intake	90876 – Biofeedback ses	ssion 95816 - QEEG
Date and Time of Call:	Confirmation/Control	#:
Name of Representative Spoke with:		



Questions to Ask:

1a. Is pre-certification required for psychological testing. If yes, how is pre-certification obtained?
If the insurance company requires provider to telephone to obtain pre-certification, please get the phone
number and extension or options if applicable to call
1b. Does the insurance company require a form to be completed? Yes No
If this is the case,
Ask the representative how to obtain the form the provider needs to complete (they usually can fax
it to you)
 It can be faxed to IMBS (220 Penn Ave) at 570-228-1961
If a written form needs to be submitted, ask the representative if it can be submitted on the same
date as the testing. Usually this is not possible, and you will need to come in for a separate
appointment prior to the evaluation to provide information that allows the provider to complete
the form.
2. Are there diagnostic exclusions? Tyes No. If yes, what:
You may be asked for a diagnosis, which can be provided to you by our office following your first
appointment. Note: This cannot be given without attending a diagnostic session.
3a. Is there a deductible (portion you must pay before they will reimburse any amount)? Yes No. If
yes, how much?
3b. What portion of the deductible has been met? \$
4. What is the co-insurance (percentage of each session you will not be reimbursed for)?%
5. What is the copay (dollar you will not be reimbursed for each session)? \$
6. Does the insurance require a special form to accompany the claim submitted for reimbursement?
Yes No If not where should the superbill be sent for processing?
Notes:
Notes: