



Insurance Verification Sheet

Please call your insurance company prior to your initial appointment. On the back of your card (typically) locate the telephone number provided for Mental Health/Substance Abuse and/or Behavioral Health.

Patient Name: _____ DOB: _____

Insured's ID: _____ Group ID: _____

Effective Date: _____

Insurance Name: _____

Telephone #: _____ for benefits

Please make sure to request outpatient mental health benefits when calling. Ask and complete the following:

Does your plan cover counseling by a Licensed Professional Counselor? _____
Is the provider you are scheduled to see (e.g., Bonnie Craven or Andrea Liverman) an in-network provider? _____ If not, ask if your plan pays for out-of-network benefits: _____

Is there a deductible? _____ If so, have you met the deductible? _____
What percentage of the deductible has been met? _____

What is your co-pay or percentage you are expected to pay? _____

Does your plan cover family therapy (CPT Codes 90847 & 90846)? _____

Is there a limit on visits per year? If so, how many visits per year are you issued _____
How many visits have you used? _____

Do the service limits run per traditional calendar year? _____ If not, how does the year run? _____

Do outpatient mental health services require authorization? _____ Is a treatment plan required? _____

If authorization is required and you are planning on family therapy, or if patient is a minor, please inform the insurance company that you are requesting family and individual visits.

If any services you are requesting, require authorization, please obtain the authorization number and list here: Auth Number. _____ Effective dates: _____
from _____ to _____ Auth good for how many sessions _____



Are there any mental health diagnoses excluded under your mental health plan, related to your presenting concerns (e.g., depression, ADHD, Autism Spectrum Disorder, etc?)

Inquire regarding a submittal address for mental health services (this is not always the same as what's shown on your card)

Name of representative you spoke with: _____ Date of call: _____

Signed: _____

Date: _____