



INSURANCE INFORMATION

To avoid insurance questions, delays, and misunderstood policy regulations, please contact your insurance company and request the answers to the following questions prior to your initial appointment.

All providers are individually contracted, and may not participate in the same insurance plans.

1. Date of contact with your insurance company _____
 2. Contact person's name _____
 3. Date your policy took effect _____
 4. Does your policy cover outpatient mental health services? _____
 5. What is the yearly deductible? Individual \$ _____ Family \$ _____
 6. Has your deductible been satisfied? _____
 7. What is your coinsurance/copay amount? _____ % and/or \$ _____ copay
 8. What is your individual year maximum? _____
 9. Does your policy cover social workers (LCSW) supervised by a Psychiatrist? _____
 10. Does your policy cover clinical psychologists (Ph.D., Ed.D., Psy.D.)? _____
 11. Is a referral, precertification, or authorization necessary to guarantee coverage? _____
 12. Have you obtained that referral? _____ Referral # _____
- Effective: _____ to _____ CPT codes/# of visits: _____

Name of patient _____	Date of Birth _____
Insurance company _____	Phone # _____
Name of policyholder _____	Relationship to patient _____
Insurance ID # _____	Group # _____
Patient/Guarantor signature _____	Date _____

*If you have further questions **after** calling your insurance company and completing this form, please call 849-9509. Thanks!*