



**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!*