

Please complete this page if you want us to bill your insurance:

Name: _____

Many times insurance coverage for mental health services differs from medical coverage. If you do not know the answers to these questions listed below, please take a few minutes to call the number on your insurance card to obtain the answers. The number is usually on the back and sometimes says "Mental Health" or "mh/sa". Please have this information completed before your first visit if at all possible. I do not want any of our clients to be surprised about needing authorizations or having a deductible to meet, as you will be responsible for any payments your insurance does not pay for.

1. Have you contacted your insurance company to verify your mental health benefits? _____
2. Do you need an authorization? _____
3. Number of visits authorized? _____
4. Facility that issued the authorization? _____
5. Begin and end dates? _____
6. Does your insurance cover your specific therapist by name? _____
7. Do you have a deductible to meet before your insurance begins paying? _____
8. If so, what is the deductible? _____
9. How much of the deductible have you met to date? _____
10. What is your copay for each visit? _____
11. How many sessions per year are allowed? _____

Primary Insurance Coverage:

Policy holder's name: _____ Relationship to client: _____

SSN: _____ Date of birth: _____ Gender: _____

Phone number: _____

Insurance company: _____

Insured identification number: _____

Group number: _____

Insurance plan name: _____ Employer: _____

Secondary Insurance Coverage:

Policy Holder's Name: _____ Relationship to client: _____

SSN: _____ Date of birth: _____ Gender: _____

Phone number: _____ Address: _____

Insurance company: _____

Insured identification number: _____ Group number: _____

Employer: _____

Insurance plan name: _____

NOTE: Social Security numbers continue to be used for identification purposes by insurance companies and are invaluable for settling unpaid insurance claims. If you are using an CAP, we must have your SSN number to bill your insurance.

NOTE: Even if the primary insurance coverage will not pay for services, it must be filed for a response in order for the secondary coverage to consider payment. Secondary coverage requires the dates of birth for policy holders. They may also require pre-authorization or notification.

Client's Authorized Person's Signature: I authorize the release of any medical or other information necessary to process insurance claims. I further authorize payment of medical benefits to the provider of services.

Signed: _____ Date: _____