130 E. Leland Road, Suite C
Pittsburg, CA 94565
Phone: 925-384-3997
Fax: 925-252-1619
www.PinnacleMentalWellness.com

Insurance Verification Worksheet

Client Name: _____ Client DOB: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Policy ID#: _____ Group #: _____

Name of person calling: _____ Phone #: _____

In order to ensure that your sessions will be covered under your health insurance policy, you will need to contact your insurance company by calling the phone number for *"Behavioral Health"* or *"Mental Health"* listed on the back of your insurance card. In the event that it is not listed, call the customer service number. **Please ask the following questions and bring this completed form with you to your first visit.**

Name of Company handling your mental health benefits (sometimes this is different from your Medical Insurance company): _____

Phone number called: _____ Date of call: _____

Person you talked to: _____ Time of call: _____

A) Ask the representative for **Outpatient Mental Health Benefits.**
B) Give them the name of the provider you want to see _____
C) Ask if your provider is an **In-Network Provider:** _____ Yes _____ No

Please ask the following questions:

1) Do I have a deductible: _____ Yes _____ No
    a. If yes, have I met my deductible? _____ Yes _____ No
    b. In No, what is the amount of my deductible that I have not yet paid this year? $_____
    (Please Note: If you have not met your deductible for this calendar year, your insurance company will expect you to pay for your therapy sessions until you meet your deductible.)
2) Do I have a co-pay? _____ Yes _____ No
    a. If yes, what is my co-pay amount: $_____ (Please Note: If you have a co-pay you will be expected to pay that amount at the time of each session.)
3) Do I have co-insurance? _____ Yes _____ No
    a. If yes, what is my co-insurance % _____ (Please Note: If you have a co-insurance, you will not pay until your insurance has paid their portion.)

4) How many counseling sessions do I have per year? _____

5) Are the following CPT codes covered under my policy? Indicate yes or no for each.

Counseling/Therapy Services CPT codes:	Neurofeedback Services:
_____ 90791 (Intake session)	_____ 90901 (Neurofeedback)
_____ 90834 (Individual Counseling session)	
_____ 90847 (family counseling session)	

6) Do I need an AUTHORIZATION for sessions? _____ Yes _____ No

   a. If yes, can you please give me one now?

      Authorization #: _____

      Date Range from: _____ to _____

      Number of sessions: _____

      CPT Codes Authorized: _____ 90791 _____ 90834 _____ 90847 _____ 90901

   b. Do I need to call back if I need additional sessions? _____ Yes _____ No

      If yes, what phone number should I call? _____

   c. Do my provider need to call back if I need additional sessions? _____ Yes _____ No

      If yes, what phone number should my provider call? _____

7) Where should my provider send claims (what mailing address)?

_____

_____

Please bring this completed form with you to your first session. We look forward to working together with you!

Sincerely,

Pinnacle Mental Wellness Group Staff