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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: ____ 90791 (Intake session) ____ 90834 (Individual Counseling session) ____ 90847 (family counseling session) | Neurofeedback Services: ____ 90901 (Neurofeedback) |
|---|---|

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. Does 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