

Insurance Verification Summary

Client Name: _____ Client D.O.B.: _____
Policy Holder: _____ Policy Holder D.O.B.: _____
Policy ID#: _____ Group #: _____
Caller: _____ 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 different from the Medical Insurance company): _____

Phone number called: _____ Date of call: _____

Person you talk to: _____ Time of call: _____

A) Ask the representative for **Outpatient Mental Health Benefits**.

B) Notify them that you will be seeing (Provider’s Name).

Andrea Rotzien, PhD

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C) Ask if your provider above is an **In-Network** provider: ___Yes ___No

If Yes, skip to Question #1 below now.

If No, What are my out-of-network benefits? _____

(Complete the questions below now.)

1. Do I have a deductible?

___ No

___ Yes

a. If Yes, have I met my deductible?

___ Yes

___ No

b. If No, amount of deductible not paid: \$ _____ (If you have not met your deductible, your insurance company will expect you to pay for your sessions until you meet your deductible.)

2. Do I have a co-pay?

___ No

___ Yes - Co-pay Amount: \$ _____ (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?

No
 Yes - Co-Insurance %: _____

(If you have co-insurance, you will not pay until your insurance has paid their portion.)

4. How many visits do I have a year? _____ Ending Date: 12/31/11 or _____ ?

5. Are the following CPT Codes covered under my policy? (Indicate Yes or No for each)

CPT Codes Approved: _____ 90801 (initial intake session)
_____ 90806 (45-50 min. individual therapy)
_____ 90847 (family counseling with client present)
_____ 90846 (family counseling without client present)
_____ 90901 (Biofeedback/Neurofeedback)
_____ 90876 (Interactive Neurofeedback)
_____ 90875 (Interactive Neurofeedback)- 30 minutes

5. Do I need an authorization for sessions?

No Yes

a. If Yes, can you give me one?

Authorization # _____

Date Range From _____ to _____

Number or Sessions _____

CPT Codes Authorized: 90801 90806 90847 90846

90901 90876 90875

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

If Yes, what is the number I call? _____

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

If Yes, what is the number my provider calls? _____

6. Where does my provider send claims?

Please bring this completed form with you to your first visit. If you have difficulty or need to discuss self-pay options please call us at 616.361.3398 and we will be happy to assist you. Please call us in the event that you find it necessary to cancel your appointment.