



**INSURANCE BENEFITS INFORMATION FORM**

**To verify your mental/behavioral health coverage, please call the customer service number on your insurance card and complete the following information:**

Client's Name: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Client's Soc. Sec. #: \_\_\_\_\_

Policy Holder's Name (if different from client): \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_ Policy Holder's Soc. Sec. #: \_\_\_\_\_

Name of Primary Insurance - Behavioral Health Insurance Plan: \_\_\_\_\_

**\*Note: this may be different from your physical health insurance plan**

Name of Secondary Behavioral Health Insurance Plan (if applicable): \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Do I have mental/behavioral health coverage?  yes  no (If no, STOP....If yes, continue)

Name of therapist: \_\_\_\_\_

Is this therapist in network?  yes  no (If YES, complete In-Network Coverage below)

If NO, do I have Out of Network coverage?  yes  no (If YES, complete Out-of-Network Coverage below)

**In-Network Coverage:**

What is my copay/coinsurance amount? \$ \_\_\_\_\_

Do I have a deductible?  yes  no If YES, what is my deductible amount? \$ \_\_\_\_\_

**Out-of-Network Coverage:**

How much will I be reimbursed if I see an Out-of-Network therapist? \_\_\_\_\_ up to \$ \_\_\_\_\_ maximum

Do I have a deductible?  yes  no If YES, what is my deductible amount? \$ \_\_\_\_\_

What percentage of my session will be paid by the insurance company once my deductible has been met? \_\_\_\_\_%

**Services Covered:**

Are the following services covered under my policy?

Individual Therapy (CPT Codes – 90834 & 90837)  yes  no &  yes  no

Family Therapy (CPT Code – 90846 & 90847)  yes  no &  yes  no

Group Therapy (CPT Code – 90853)  yes  no

Psychological Testing (CPT Code – 96101)  yes  no

**Authorization:**

Is an authorization required?  yes  no

If YES, what is my authorization number? \_\_\_\_\_ # of sessions authorized: \_\_\_\_\_

**Claim Information:**

Claims address: \_\_\_\_\_

Do I need a specific claims submission form? If so, which one and how do I obtain the form? \_\_\_\_\_