

Insurance Questions

Please print these questions, contact your insurance provider for the answers, and bring the completed form to the initial session. This information is necessary to determine your insurance benefits.

1. Do I have Out-of-Network Mental Health benefits in my
plan? _____
2. Do I have a deductible? _____ If so, how much is
it? _____
3. Can it be combined with my medical deductible in order to meet
it? _____
4. How much of it have I met so far? _____
5. What is the percentage that my insurance pays? _____

6. How many visits are allowed per calendar year? _____
7. Do I need to be pre-certified or pre-authorized? _____
8. If so, how many visits allowed before I have to call again? _____
9. If my insurance allows for electronic claims filing, what is the Payer ID # _____
10. What is the address and phone number for Out-of-Network Mental Health Claims?
11. Street, P.O. Box
address _____
12. City, State,
Zip _____
13. Effective date of my policy: _____
14. Calendar or Anniversary year? _____