

Mental Health/Behavioral Health Insurance Benefits Verification

Prospective client: Please fill out the first half of this form and then call the 800 number on the back of your insurance card to complete this form with a customer representative via telephone. It's important that you understand your insurance coverage.

Your Insurance Information

Name:

Date of Birth:

Insurance Holder's Name (if not yours):

Primary Insurance/Behavioral Health Insurance Provider:

Primary Insurance/Behavioral Health Insurance Plan (HMO, PPO, etc...):

Member ID #:

Group ID #:

Questions for Your Insurance Provider

Do I have mental or behavioral health coverage? (If yes, continue. If no, there is no need to proceed. Other payment options can be arranged. Please contact the Office Manager for more details.)

Yes

No

Is Sherry Inskeep at Creating Connections Counseling Center LLC in network with my plan? (Tax ID: 842906382 - Address: 15 W Central Ave Suite 103, Delaware OH 43015). (IF YES, skip to the In-Network Benefits section. If NO, go to next question.)

Yes

No

Do I have Out-of-Network benefits? (If yes, skip to Out-of-Network Benefits section. If no, there is no need to proceed. Other payment options can be arranged. Please contact the Office Manager.)

Yes

No

In-Network Benefits

Do I have a deductible? (If yes, continue to next question. If no, skip to Co-pay question.)

Yes

No

Is my deductible waived for Mental/Behavioral Health Services? (If yes, skip to Co-Pay question. If no, continue to next question.)

How much is left on my deductible?

What is my co-pay amount?

If I have co-insurance, what percentage of the cost am I responsible for?

Out-of-Network Benefits (skip if you filled out the section above)

Do I have an out-of-network deductible that applies to mental/behavioral health services?

Yes

No

How much is left on my out-of-network deductible?

How much will I be reimbursed if I see an out-of-network counselor?

Services Covered

Please verify that the following services are covered under my policy:

CPT code 90791

- Yes
- No

CPT code 90837

- Yes
- No

CPT code 90834

- Yes
- No

CPT code 90832

- Yes
- No

CPT code 90853

- Yes
- No

CPT code 90846

- Yes
- No

CPT code 90847

- Yes
- No

Is telehealth covered under my plan?

- Yes
- No

If telehealth is covered, is it temporary or permanent?

- Temporary
- Permanent

Services Authorized

Do I need authorization to receive any of these services?

- Yes
- No

How many sessions are authorized?