

## Health Insurance Coverage Form

This is a guide to assist you in obtaining information from your insurance company regarding your benefits. These questions will help you gain a better understanding of your coverage and possible expenses related to treatment for counseling. They will also help ensure coverage for the authorized services provided.

Please note: if the insurance company requests that you have an appointment scheduled before they will give you an authorization, it is o.k. to tell them that it will be scheduled within the next few days.

Please make sure the representative understands that this is for “outpatient mental health” Please ask the representative to confirm if your therapist’s status is “in network.”

Was “in network” status confirmed by representative: Y or N

Name of Insurance Company or EAP program: \_\_\_\_\_

Effective date of policy: \_\_\_\_\_ Amount of co-pay: \_\_\_\_\_

How many visits are allowed per year? \_\_\_\_\_

How many visits have been used as of today? \_\_\_\_\_

Is it necessary to obtain pre-certification of pre-authorization for outpatient mental health services: Y or N

If yes- Authorization Number: \_\_\_\_\_

Number of sessions authorized: \_\_\_\_\_

Beginning and end dates of authorization: \_\_\_\_\_

Is there co-insurance: Y or N If yes, what is the amount (usually a %)? \_\_\_\_\_

Is there a deductible: Y or N If yes, what is the amount of the deductible? \_\_\_\_\_

How much of the deductible has been met? \_\_\_\_\_

What is the claims mailing address? \_\_\_\_\_

Is it necessary to have a referral from your physician for outpatient mental health services: Y or N

If yes- Name of physician: \_\_\_\_\_

Referral number: \_\_\_\_\_

Effective dates of referral: \_\_\_\_\_

In case any questions come up regarding this information please include:

What is the phone number you called to get this information? \_\_\_\_\_

First name and last initial of representative who gave you this information: \_\_\_\_\_

Date and time of discussion with representative: \_\_\_\_\_