

Insurance Verification Form

Prospective Client: Please call the 800 number on your insurance card and complete this form with a customer service representative via telephone. **Bring the completed form to your therapy session.** It is important that you understand your insurance coverage. Ultimately, you are responsible for all fees for services. Failure to verify your benefits may result in unanticipated costs.

Client's Name: _____ DOB: ____ - ____ - ____
Policy Holder's Name (if not client): _____ DOB: ____ - ____ - ____
Primary Insurance /Behavioral Health Insurance Plan:

Note: This may be different from your medical health insurance plan
Member ID #: _____ Group #: _____

Questions for Your Insurance Provider

- 1) "Do I have mental/behavioral health coverage?" YES NO (If YES, continue. If NO, there is no need to proceed, other payment arrangements must be made. Please contact Jordanna to discuss payment options and/or review the Fee Schedule.)
- 2) "Is my preferred therapist Jordanna Saunders in network?" YES NO (If YES, go to In-Network Coverage, If NO-go to question 3.)
- 3) "Do I have Out-of-Network benefits?" YES NO (If YES, go to Out-of-Network benefits. If NO, there is no need to proceed, other payment arrangements must be made. Please contact Jordanna to discuss payments options and/or review the Fee Schedule.)

In-Network Benefits

- 4) "What is my co-pay amount?" \$ _____
- 5) "Do I have a deductible?" YES NO
- 6) If YES, "What is my deductible?" \$ _____ & how much of my deductible has been met? \$ _____ (Proceed to Services Covered Section).

Out-of-Network Benefits

- 7) "How much will I be reimbursed if I see an Out-of-Network therapist?" \$ _____
- 8) "Do I have an Out-of-Network deductible?" YES NO
If YES, "What is my out-of-network deductible?" \$ _____

Services Covered

- 9) "Please verify that the following services are covered under my policy?"
Individual Therapy (CPT Code 90834) YES NO
Individual/Couples/Family Therapy (CPT Code 90837) YES NO
Group Therapy (CPT Code 90853) YES NO

Services Authorized

- 10) "Do I need an authorization to receive any of these services?" YES NO
If YES, "What is my authorization number?" _____ and
"How many sessions are authorized?" _____.