

Family Service: Prevention, Education, & Counseling

Insurance Verification Worksheet

Please call up your insurance provider and verify that your insurance plan covers counseling session before your first appointment.

Use this page to communicate with your insurance company about coverage for mental health services. Complete as much as you can on this form before calling the number on your insurance card.

Client Name:

Guardian Name:

Insurance Information:

Insurance Company Name:

Claims Address:

Claims Phone Numbers:

Plan/Group Number:

Insured Id Number:

When you call be sure to write down the name of the person that you talk to for later reference.

Claim Representative's Name:

Date And Time Of Call:

Say, "I'm calling to clarify my benefits and coverage for out-patient mental health."

Say, "Is my therapist, or their group, Family Service: Prevention, Education, & Counseling on the Participating Provider List?"

(Name your therapist; -- if you're working with BCBS/PPO, confirm if it's the GROUP (Family Service: Prevention, Education, & Counseling) or the INDIVIDUAL THERAPIST listed as a provider).

If your therapist of choice is NOT on their panel, then ask these questions:

"Does my policy allow me to choose my own therapist?"

"Can I go outside of panel or the provider list?" (If so, "Is my coverage different, and what difference?")

Then ask: What is my:

(1) Copay: % or \$ /session:

(2) Effective Date of Policy:

(3) Deductible? (Check if there is a deductible.)

Amount of Deductible \$ / family or individual?

(4) Deductible Per Calendar Year? Yes No Month Deductible Begins

(5) Has any Deductible been met for this year? (Check if the deductible has been met.)

If yes, how much?

(6) Is Pre-authorization needed? (Check if pre-authorization is needed.)

(7) Any benefits used to date? (Check is benefits have been used to date.)

(8) Number of visits allowed per calendar year #

(9) Visits allowed per 24 Consecutive months Beginning: