**PATIENT INSURANCE VERIFICATION OF BENEFITS FORM**

For those wishing to use their Insurance benefit please contact your insurance carrier to answer the following questions:

Insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefits contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective date of Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your policy cover outpatient mental health (sometimes called Behavioral Health)?

What type of coverage? Individual ( ) Marital ( ) Family ( ) Group ( )

Copayment amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deductible $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year. How much of your deductible has been met to date? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coverage details:

\_\_\_\_\_\_\_\_\_\_\_\_% covered for In-Network provider

\_\_\_\_\_\_\_\_\_\_\_\_% covered for Out-of-Network provider

\_\_\_\_\_\_\_\_\_\_\_\_# of sessions allowed per year

Is preauthorization required? Yes ( ) No ( )

If yes, please obtain the necessary authorization.

Authorization # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Number of sessions approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature: Date:

We hope that this information will help you better understand the mental health benefits of your insurance plan. Please arrive at least 15 minutes prior to your first appointment to complete any further paperwork, have your insurance ID card available as we will need to make a copy for your file. Please note that missed appointments are **NOT** covered by your insurance plan or the VOC Compensation Program. If you need to cancel or reschedule your appointment you must do so at least 24 hours or more in advance, otherwise you will be responsible to pay the full fee. Initial here \_\_\_\_\_\_\_\_\_\_\_\_