Insurance Verification Summary

Client Name: _____ Client DOB: _____

Policy Holder: _____ Policy Holder DOB: _____

Policy ID#: _____ Group #: _____

In order to ensure that sessions will be covered under your health insurance policy, you will need to contact your insurance company by calling the phone number for "behavioral" or "mental" health listed on the back of your insurance card. Please ask the following questions and bring this completed form with you to your first visit. ***If this form is incomplete, you will be responsible for the initial session fee of $150.***

Name of Insurance Company *as it appears on your card* : _____

Phone number for Mental Health Benefits: _____

A. Ask the representative for OUTPATIENT MENTAL HEALTH BENEFITS.

B. Notify them you will be seeing TERESA GREEN, LCPC.

C. Ask if the above provider is an **In-Network provider**: Yes_____ No _____
   If Yes, skip to question #1 below.
   If No, What are my out-of-network benefits? _____
   (Complete the questions below now.)

D. (If appropriate) Does my plan include coverage for couples/marital counseling? Yes _____ No _____

   # of sessions authorized: _____

   Date Range: _____

1. **Do I have an annual deductible?** Yes _____ No _____ (If no, go on to question #3)

   - When does my annual deductible start? Date: _____
   - What is the amount of my annual deductible? $_____
   - Have I met the deductible for the **current calendar year?** Yes _____No _____
     If No: amount of deductible remaining: $ _____
     **If you have not met your deductible, you are required to pay for sessions until you meet your deductible.*

2. **Do I have a co-pay?** No/Yes If YES: How much is my co-pay? $_____/visit.

3. **Where does my provider send claims?**

   _____

   _____