

## INSURANCE BENEFIT INFORMATION

So that we are able to handle your insurance claims accurately, please contact your insurance company and fill in the following information.

Inquire about your **“Out-of-Network Outpatient Mental Health Benefits”**

**Patient name:**

- 1) Insurance company that handles mental health benefits:
  - 2) Phone number:
  - 3) Person with whom you spoke, date of phone call:
  - 4) Authorization necessary? if so, authorization number:
  - 5) Number of sessions authorized at this time:
  - 6) Number of visits per \_\_\_\_\_ allowed:
    - a)Calendar year?
    - b)If not, please specify when your fiscal year begins:
  - 7) Deductible amount:
  - 8) Copayment and/or co-insurance amount:
  - 9) Is family therapy covered (90847)?
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