

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.

*Please either fax this to: 968-2998 or bring to your next appt.
(Ask about "outpatient mental health benefits")*

- 1) Patient name:

- 2) Insurance company that handles mental health benefits:

- 3) Phone number:

- 4) Person with whom you spoke, date of phone call:

- 5) Authorization necessary? If so, authorization number:

- 6) Number of sessions authorized at this time:

- 7) Number of visits per year allowed:

- 8) Calendar year?
If not, please specify when your fiscal year begins:

- 9) Deductible amount:

- 10) Copay amount:

- 11) Is family therapy covered (code=~~90487~~? 90847)?

- 12) Claims mailing address (often different than what is on your card):