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## OUT-OF-NETWORK INSURANCE VERIFICATION FORM

Please call the 800 number on your insurance card and complete this form with a customer service representative via telephone. It is important that you understand your insurance coverage.

Client Name:

DOB:

SSN:

Insured Name:

DOB:

SSN:

Insurance Company:

Insurance Phone Number:

Mental Health Insurance (may be different than health insurance):

Claims Address:

Client Insurance ID#:

Group #:

### COUNSELING SERVICES:

1) "Do I have mental/behavioral health coverage?"  YES  NO

If YES, continue.

2) "Do I have Out-of-Network benefits?"  YES  NO

If YES, continue.

3) "Do I have an Out-of-Network deductible?"  YES  NO

If YES, "What is my out-of-network deductible?"

"How much of my out-of-network deductible has been met?"

4) "Please verify that the following services are covered under my policy? If YES, what percentage?"

In-Person Sessions:

- Individual Therapy, 30 minutes (CPT Code 90832):  YES  NO \_\_\_\_%
- Individual Therapy, 45 minutes (CPT Code 90834):  YES  NO \_\_\_\_%
- Individual/Couples/Family Therapy, 60 minutes (CPT Code 90837):  YES  NO \_\_\_\_%

- Family Therapy, without patient present (CPT CODE 90846):  YES  NO \_\_\_\_%
- Family Therapy, with patient present (CPT CODE 90847):  YES  NO \_\_\_\_%
- Group Therapy (CPT Code 90853):  YES  NO \_\_\_\_%
- \*Psychological and psycho-educational testing codes vary. Please speak to your provider.

Video Sessions:

- Individual Therapy, 30 minutes (CPT Code 90832-95):  YES  NO \_\_\_\_%
- Individual Therapy, 45 minutes (CPT Code 90834-95):  YES  NO \_\_\_\_%
- Individual/Couples/Family Therapy, 60 minutes (CPT Code 90837-95):  YES  NO \_\_\_\_%
- Family Therapy, without patient present (CPT CODE 90846-95):  YES  NO \_\_\_\_%
- Family Therapy, with patient present (CPT CODE 90847-95):  YES  NO \_\_\_\_%
- \*Psychological/Psycho-educational testing codes vary. Please speak to your provider.

5) "Do I need an authorization to receive any of these services?"  YES  NO

If YES, "What is my authorization number?"

"How many sessions are authorized?"

6) "What forms do I need to submit for reimbursement?"

7) "Do you require the providers signature on the superbill?"

8) "What is the most efficient way to submit these forms?"