



INSURANCE VERIFICATION SHEET

Please call your insurance company prior to your initial appointment. On the back of your card (typically) locate the telephone number provided for Mental Health/Substance Abuse and/or behavioral Health.

Patient Name: _____ DOB: _____
Insured's ID: _____ Group ID: _____ Effective Date _____
Insurance Name: _____ Telephone #: _____
Please make sure to request outpatient mental health benefits when calling. Ask and complete the following:

Does your plan cover counseling by a Licensed Professional Counselor* _____
is the provider you are scheduled to see (**Lashawn Tuper**) an in-network provider? _____
If not, ask if your plan allows for out-of-network benefits: _____
Is there a deductible? _____
If so, have you met the deductible? _____
What percentage of the deductible has been met? _____
What is your copay or percentage you are expected to pay? _____
Does your plan cover family therapy (CPT Codes 90847 or 90846)? _____
Is there a limit on visits per year? If so, how many visits per year are you issued _____
How many visits have you used? _____
Do the service limits run per traditional calendar year? _____
If not, how' does the year run? _____
Do outpatient mental health services require authorization? _____
Is a treatment plan required? _____

If authorization is required and you are planning on family therapy, or if the patient is a minor, please inform the insurance company that you are requesting family and individual visits.
If any services you are requesting require authorization, please obtain the authorization number and list here: Auth Number. _____
Effective dates: from _____ to _____
Auth good for how many sessions _____

Are there any mental health diagnoses excluded under your mental health plan, related to your presenting concerns (c.g., depression, ADHD, Autism Spectrum Disorder, etc.?) _____
Inquire regarding a submittal address for mental health services (this is not always the same as what's shown on your card) _____
Name of representative you spoke with: _____ Date of call: _____

Signed: _____ Date: _____