

BEGIN ANEW COUNSELING, LLC

DONNA VANDERKODDE, Licensed Professional Counselor

INSURANCE VERIFICATION FORM

Name \_\_\_\_\_ Client ID # \_\_\_\_\_ Client D.O.B. \_\_\_\_\_

\*\*\*NOTE: If you have secondary insurance (Medicare, Medicaid), please complete separate forms.

PRIMARY INSURANCE:

Policy Holder: \_\_\_\_\_ Policy Holder D.O.B. \_\_\_\_\_

Policy ID# \_\_\_\_\_ Group # \_\_\_\_\_

Caller: \_\_\_\_\_ Phone # \_\_\_\_\_

In order to ensure that your sessions will be covered under your health insurance policy, you will need to contact your insurance company by calling the phone number found for "Behavioral Health" or "Mental Health" listed on the back of your insurance card. In the event that it is not listed, call the customer service number.

Name of Company handling your mental health benefits (sometimes different from the Medical)

Insurance company: \_\_\_\_\_

Phone number called: \_\_\_\_\_ Date of Call: \_\_\_\_\_

Person you talked to: \_\_\_\_\_ Time of Call: \_\_\_\_\_

A) Ask the representative for Outpatient Mental Health Benefits

B) Notify them that you will be seeing *Donna VanderKodde LPC*

C) Ask if *Donna VanderKodde LPC* is an *In-Network* provider: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, skip to Question #1 below now.

If No, What are my out-of-network benefits? \_\_\_\_\_

(Complete the questions below)

1. Do I have a deductible: \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If Yes, have I met my deductible? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. If No, amount of deductible not paid: \$\_\_\_\_\_.

\* If you have not met your deductible, your insurance company will expect you to pay for your sessions until you meet your deductible.

2. Do I have a copay? \_\_\_\_\_ Yes - Co-pay Amount: \$ \_\_\_\_\_

\_\_\_\_\_ No

3. Do I have Co-Insurance? \_\_\_\_\_ Yes - Co-pay Amount: \$ \_\_\_\_\_

\_\_\_\_\_ No

4. How many visits do I have a year? \_\_\_\_\_ Ending Date: \_\_\_\_\_?

**5. Are the following CPT Codes covered under my policy? (Indicate Yes or No for each)**

CPT Codes Approved: Counseling Therapy Services

- 90791 (Initial intake session)
- 90834 (Individual therapy 38-52 minutes)
- 90837 (Individual therapy 53+ minutes)
- 90846 (Family counseling w/o client present)
- 90847 (Family counseling - client present)

**6. Do I need an authorization for sessions?**

Yes  No

a. If Yes, can you give me one?

Authorization # \_\_\_\_\_

Date range from \_\_\_\_\_ to \_\_\_\_\_

Number of sessions \_\_\_\_\_

CPT Codes authorized:  90791  90834  90837  90846  90847

b. Do I need to call back if I need additional sessions?  Yes  No

If Yes, what is the number I call? \_\_\_\_\_

c. Does my provider need to call back if I need additional sessions?  Yes  No

**7. Where does my provider send claims?** \_\_\_\_\_

**\*\*\*Please bring this completed form to the first session\*\*\***