

Insurance Verification Form

In order to avoid any confusion about your payment obligation we request that you contact your insurance company before your first appointment, complete this form and bring it with your paperwork to your first session.

Please call the customer service number on the back of your insurance card to obtain the following information.

Name of Insurance Company: _____

Primary Insured Name: _____ Primary's Date of Birth: _____

Client Member ID#: _____ Group ID# _____ Payer ID# _____

Ask your insurance company the following questions:

Is FaithWorks Counseling in Network?

Yes ___ No ___

Do I need Pre-authorization?

Yes ___ No ___

How do I get approved? _____

Do I have a co-pay plan?

Yes ___ No ___

How much is copay for office visit? \$ _____

Do I have a deductible plan?

Yes ___ No ___

How much is individual deductible?

\$ _____

How much is family deductible?

\$ _____

Are all expenses covered?

Yes ___ No ___

How much have I paid towards my deductible for this calendar year so far? _____

How much remains? _____

Please ask if your plan allows for 60 minute sessions (code 90837). Yes ___ No ___

For couples counseling or family counseling:

Ask if family counseling is covered (code 90847) Yes ___ No ___