

### 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? \$ \_\_\_\_\_

Are all expenses covered?

Yes                  No

How much is family deductible? \$ \_\_\_\_\_

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