MENTAL HEALTH/BEHAVIORAL HEALTH INSURANCE BENEFITS VERIFICATION FORM

Patient's Name: ______________________________ DOB: _____________________
Policy Holder's Name: ____________________________ DOB: _____________________
Policy Holder SSN: ________________________________

Primary Insurance/Behavioral Health Insurance Plan: (May be different from medical) ____
Member ID#: __________________________Group #: ___________________________
Dependent's ID#: _______________________________
Effective Date of Policy: ________________ Expiration Date of Policy: ________________

Questions for your Insurance Provider:
1) Do I have mental/behavioral health coverage? _____ Yes _____ No
(If YES, continue. If NO, there is no need to proceed; other payment arrangements must be made. Please contact Dr. Burns to discuss payment options.)
2) Is Dr. Mary Burns, in *network? _____Yes _____ No (If YES, go to In-Network Coverage. If NO, go to Question 3.)
3) Do I have Out of Network Benefits? _____ Yes _____ No
(If YES, go to Out-of-Network Benefits, below. If NO, there is no need to proceed; other payment arrangements must be made. Please contact Dr. Burns to discuss payment options.)

***In-Network Coverage**
4) What is my co-pay amount? $
5) Do I have a deductible? _____ Yes _____ No What is my deductible? $

Out-of-Network Benefits
6) How much willl be reimbursed if seen by an Out-of-Network therapist?
7) Do I have an Out-of-Network deductible? ___ Yes ___ No
What is my deductible? $

Services Covered
8) Is individual therapy is covered under my policy? ____ Yes ____ No
9) Is group therapy covered under my policy? ____ Yes ____ No
10) Is psychological, educational, developmental, neuropsychological testing covered under my policy? _____ Yes _____ No
9) Is telehealth covered under my policy? ______ Yes _____ No

Services Authorized
10) Do I need authorization to receive any of these services? _____ Yes _____ No
If YES, What is my authorization number?
11) How many sessions are authorized?

*At this time I am not paneled with any insurance company.