AS A COURTESY WE FILE INSURANCE HOWEVER IT IS YOUR RESPONSIBILITY TO KNOW YOUR COVERAGE.
INSURANCE WILL NOT BE FILED UNTIL THIS FORM IS COMPLETED & RETURNED.
YOU WILL BE RESPONSIBLE FOR THE FULL FEE FOR ALL SESSION CHARGES INCURRED PRIOR TO ITS RETURN

The Barnabas Center for Counseling

Please call your insurance company and ask them the following questions. On your insurance card there may be several telephone numbers: You want to call the number or option that is for Mental Health/Substance Abuse or it may be under Behavioral Health.

Patients Name: _____ DOB: _____
Policy Holders Name: _____DOB: _____
Insured's ID: _____ Group ID: _____
Effective Date of Policy: _____ Insurance Telephone #: _____

Does your plan cover counseling by a Licensed Clinical Social Worker or a Licensed Professional Counselor in an outpatient office setting? : _____

Ask if the assigned provider,_____ for your appointment is in your network?_____

IF the answer to #2 above is NO, ask if your plan pays for out-of-network benefits. _____

Is there a deductible/amount? $_____ How much of the deductible has been met? $_____

Is there a co-pay or percentage you pay per visit if so, how much? _____

Does your plan cover therapy codes (CPT Codes 90791, 90837, 90847 & 90846)? _____

Is there a visit or $$ limitation on visits per calendar year/benefit period?
_____

Do visits need to be preauthorized and if a treatment plan is required? _____

If authorization is required and you are going to be coming in with family or if patient is going to be a minor, you need to let them know that you will need family and individual visits.

If it does need to be authorized ask them for the authorization number: _____

Effective dates: from_____ to _____ How many sessions? _____

Ask for the claim submittal address (this is not always the same as what's shown on your card)

_____
_____
_____

Name of Rep. who gave you information: _____Date you called: _____

Patient Signature: _____
Date: _____