

# Mental Health/Behavioral Health Insurance Benefits Verification

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Prospective client: Please call the 800 number on your insurance card and complete this form with a customer service representative via telephone. It's important you understand your insurance coverage.

## Your Insurance Information

**Name:**

**DOB:**

**Insurance Holder's Name (if not yours):**

**Insurance Holder's DOB (if not yours):**

**Primary Insurance/Behavioral Health Insurance Plan:**

**Member ID #:**

**Group ID #:**

## Questions for Your Insurance Provider

**Do I have mental/behavioral health coverage? (If yes, continue. If no, there is no need to proceed. Other payment options can be arranged, please contact your therapist)**

- Yes
- No

**Is my preferred therapist Tiffani Rose-Wilhelm in network? (If yes, go to In-Network Coverage. If no, go to next question.)**

- Yes
- No

**Do I have Out-of-Network benefits? (If yes, go to Out-of-Network Benefits. If no, there is no need to proceed. Other payment options can be arranged, please contact your therapist.)**

- Yes
- No

## In-Network Benefits

**What is my co-pay amount?**

**Do I have a deductible?**

- Yes
- No

# Out-of-Network Benefits

How much will I be reimbursed if I see an out-of-network therapist?

Do I have an out-of-network deductible?

Yes

No

## Services Covered

Please verify that the following services are covered under my policy:

**Individual Therapy (CPT code 90834)**

Yes

No

**Individual/Couples/Family Therapy (CPT code 90837)**

Yes

No

**Psychiatric Diagnostic Evaluation (CPT code 90791)**

Yes

No

**Group Therapy (CPT code 90853)**

Yes

No

## Services Authorized

**Do I need an authorization to receive any of these services?**

Yes

No

**How many sessions are authorized?**