

Therapist Name:

Insurance Verification Form

Client Name:

Today's Date:

Patient Information

Name:	Date of Birth:
Street Address:	City, State, Zip:
Social Security #:	Phone #:

Policy Holder Information (If different from patient)

Name:	Date of Birth:
Relationship to Patient:	
Street Address:	City, State, Zip:
Social Security #:	Phone #:

Policy Information

Primary Insurance / Behavioral Health Insurance Plan (Note: This may be different from your medical insurance plan):	
Member ID #:	Group #:
Dependent's ID #: (if child is the patient, there should be a number listed after his / her name)	
Effective Date of Policy:	Expiration Date of Policy:

Questions for Your Insurance Provider

1) Do I have mental health / behavioral health coverage? ☐ Yes ☐ No

(If YES, continue. If NO, there is no need to proceed; other payment arrangements must be made. Please contact therapist to discuss payment options available.)

2) Is my preferred provider in network? ☐ Yes ☐ No

(If YES, go to In-Network coverage below. If NO, go to question 3)

3) Do I have Out-of-Network Benefits? ☐ Yes ☐ No

(If YES, continue to Out-of-Network benefits on page 2. If NO, there is no need to proceed; other payment arrangements must be made. Please contact therapist to discuss payment options available.)

In-Network Coverage

4) What is my co-pay amount? _____

5) Do I have a deductible? ☐ Yes ☐ No

6) If YES: What is my deductible? _____

Proceed to Services Covered section on page 2.

Out-of-Network Benefits

7) How much will I be reimbursed if I see an Out-of-Network provider? _____

8) Do I have an Out-of-Network deductible? ☐ Yes ☐ No

9) If YES: What is my Out-of-Network deductible? _____

Services Covered

10) Can you please verify that the following services are covered under my policy?

Individual Therapy ☐ Yes ☐ No

Family Therapy ☐ Yes ☐ No

Group Therapy ☐ Yes ☐ No

Services Authorized

11) Do I need authorization to receive any of these services? ☐ Yes ☐ No

12) If YES: What is my authorization number? _____

13) How many sessions are authorized? _____

Notes