

date

/ /

# Insurance Verification Form

tax id 32-0148712

Last name, first name, mi

DOB

/ /

Gender ?

Address

Pt. Relationship to Insured

Self

Spouse

Child

City

State

Zip

Phone

- -

Insurance co

ID

Group#

Mental HealthID if different

Subscriber name same? Subscriber Social

Dx code

CPT Codes

90791/90834

Use CRT Tax ID

Other tax id

Payor ID

Address for Claims

Deductible? Amount? Met? Preauth? Auth #

Y

N

Copay

visits/yr

Additional billing notes

Pay ID Quick List

- Aetna- 60054
- BCBS TX- 84980
- Cigna Beh-02331
- Cigna Med-62308
- DivGrpAdm-25160
- Great West-80705
- Humana-61101
- MHN-22771
- Pacificare-33053
- Magellan-01260
- Secure Hor-95959
- tricare 38520
- UHC/UBH-87726

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