Insurance Verification Form – Mental Health

Patient Name _____ Date of Birth _____

Prior to your child's initial assessment, please complete the following form with information provided by your health insurance company. You may download the form and upload the completed version to your patient portal or fax it to 734-527-5981. If you are comfortable emailing protected health information (PHI), you may choose to send the completed form to info@arborautismcenters.com. By emailing, you acknowledge that you are sending PHI using an unsecured method, which may compromise the confidentiality of the information being sent.

All patients will be responsible for charges that are not covered by insurance. Therapy sessions can be billed at costs over $300 per session and you may be responsible for up to that amount until your deductible is met. It is important that you are aware of any potential costs you may incur.

Please be aware that it is also the responsibility of the patient's parent/guardian to inform Arbor Autism Centers via the patient portal of future changes in insurance providers and benefits. Not updating your insurance information may result in a denial of payment, for which you will be responsible.

Please complete:

Date of call: _____ Time of call: _____

Name of the insurance representative with whom you spoke: _____

Deductible: _____ Maximum Out of Pocket: _____

Reference number for the call: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Then, please ask and record the answers to all the questions on the next page.

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Please ask the insurance representative to check the following Mental health procedure codes for coverage and mark as yes or no. The diagnosis may include but is not limited to ADHD, Anxiety, PTSD, Adjustment Disorder.

90832 30-minute appointment Psychotherapy	Is insurance referral required? Is prior authorization required?
90834 45-minute appointment Psychotherapy	Is insurance referral required? Is prior authorization required?
90837 60-minute appointment Psychotherapy	Is insurance referral required? Is prior authorization required?
90846 50-minute appointment Family Psychotherapy without the patient	Is insurance referral required? Is prior authorization required?
90847 50-minute appointment Family Psychotherapy with the patient present	Is insurance referral required? Is prior authorization required?
90853 Group Psychotherapy	Is insurance referral required? Is prior authorization required?

Please ask and record the answers to all questions below:

1. Is there a visit limit for mental health?

If yes, number of visits allowed: _____

2. Do multiple procedures codes (ex: 90837 and 90853) billed on the same day count as one visit?

5. Are virtual mental health visits covered?

6. Does the deductible apply to mental health?

7. Is there a copay or co-insurance after meeting the deductible?

If yes, what is the copay or co-ins: _____

8. Does my policy cover counseling provided by a licensed counselor (LPC), or is it limited to other health professionals like doctors and psychologists?

9. Are there any limitations to this coverage?

If so, what are they?