

Provider Name/ Group: : CINDY VANDERWEELE LLC

Address/City/State: 6130 LOVERS LANE; PORTAGE; MI 49002

Phone: 269-823-2675

Client Name: \_\_\_\_\_

1. Call the toll free number on the back of yourcard.
2. Ask for "Outpatient Mental Health Benefits" or "Behavioral Health Benefits"
3. If coming for Substance Abuse Treatment you need to know specifically if it is a covered benefit and if it requires authorization.
4. If this is going to be VIRTUAL VISITS OR TELEHEALTH you must ask if this is a covered benefit on your policy and will it cover services with your current therapist. Does this require authorization.
5. When asked for the provider's name, tell the person: \_\_\_\_\_
6. You may be asked for the "NPI Number" (the National Provider Identification Number.)
  - a. Give them the following NPI: **Type 1** \_\_\_\_\_  
**Type 2** 1215480066
  - b. Possibly Tax Id #: \*\*\_\*\*\*7339 (If using SS# put SS# on file)

7. Ask for the following information and record it here:

\*Is this provider In-Network: YES: \_\_\_\_\_ NO: \_\_\_\_\_

\*Are VIRTUAL VISITS/TELEHEALTH payable to this provider: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**\*Deductible:**

In-Network: \_\_\_\_\_ Out-of-Network: \_\_\_\_\_

Amount Met: \_\_\_\_\_ Amount Met: \_\_\_\_\_

\*Co-pay: In-Network: \_\_\_\_\_ Out-of-Network: \_\_\_\_\_

\*Maximum out of pocket/stop loss amount per year: \_\_\_\_\_

\*Maximum number of sessions per year: \_\_\_\_\_

\*Is authorization required: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, how is that obtained? \_\_\_\_\_

Additional Information given to you: \_\_\_\_\_

Claims Mailing Address: \_\_\_\_\_

Name of person you spoke with: \_\_\_\_\_

Date:

Time: