

Regarding Your Insurance Benefits

Because your insurance policy is an agreement between you and your contracted insurance company, it is important that you call your insurance company to determine what your mental health benefits are prior to receiving treatment from our office.

This form was created to assist you in getting your insurance questions answered and to help you understand your covered mental health care benefits. Without this completed form, we cannot begin therapy. Please follow these directions:

- 1) Print this form
- 2) Call your Insurance Company and ask them all of the questions below
- 3) Record their answers in the spaces provided
- 4) Bring the completed form with you along with your Insurance card to your appointment.

Date of Contact _____ Time of Contact _____

Name of Patient Services Representative _____

1. Tell the representative: "I am calling to check my Mental Health Benefits."
2. What is the name of company that handles my Mental Health Benefits? _____
3. If not the company displayed on your insurance card, record the information below:
 - a. Name: _____
 - b. Telephone Number: _____
4. Is Bev Ritland, (LCSW # 11087) of Counseling Covenant (Tax ID 65-127-9986) on the Provider list? Y N
If yes, is Counseling Covenant "In Network," "Out of Network" ?

5. Your benefits:
What is my Co-pay \$ _____ or Co-ins \$ _____ ?
Do I have a deductible? Yes No If yes, how much is remaining? \$ _____

6. Authorization
Is an Authorization required? Yes No Authorization # _____
Authorization Effective Dates: From _____ to _____.
Type of Authorization: Regular Mental Health EAP
How many visits per year am I allowed? _____ Calendar Year Fiscal Year
Is limit combined with other providers? (e.g., Psychiatrist, Psychologist,, Doctor, Nurse Practitioner)
Yes No