

Insurance Verification

STEP 1: Please also fill this section in BEFORE you call the insurance company.

Name of Insured _____ Relationship to Client _____

Client's Name _____

Insurance Company _____

Mailing Address _____ Billing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Policy # _____ Group # _____

STEP 2: You are responsible to CALL YOUR INSURANCE COMPANY TO OBTAIN THE FOLLOWING INFORMATION. (Sometimes you have to ask them to slow down so you can write down all the information.)

Contact Person _____

Phone _____ Ext. _____ Fax _____ Date/1st _____

Contact _____

1. Is there mental health coverage? Yes No

What type of coverage? Outpatient () Testing () Group () Family ()

2. When checking provider lists look for Caroline Paltin, Ph.D.

3. Is there a deductible? Yes No \$ _____ per year

4. Coverage details:

_____ % covered \$ _____ Maximum fee per session

Maximum benefit: \$ _____ per _____

OR

_____ sessions per _____

Used to date: \$ _____ or # of sessions _____

Renewal date _____

Other information: _____

STEP 3: If you are a current patient, is this a change in insurance coverage since you began seeing Dr. Paltin? __ YES __ NO

If so, what is the effective Date of the new Insurance (What date should we begin billing this plan)? _____ 20____