

INSURANCE VERIFICATION FORM

Thank you for choosing Spectrum Psychotherapy Centers, LLC as your mental health provider. In order to ensure that your sessions will be covered under your insurance policy, you will need to contact your insurance company by calling the phone number on the back of your card for either **Behavioral Health, Mental Health, or MH/SA**. If these are not on the back of your card, please call the **customer service number**. Ask the representative for **outpatient mental health benefits**. Please be aware that the company that provides mental health coverage may be different than your individual insurance company.

Please fill out this form and bring it with you to your first visit.

Notify your insurance company that you will be going to Spectrum Psychotherapy Centers, and seeing _____ (The provider you are scheduled with).

As insurance plans and benefits vary widely, Please ask the representative the following questions:

1) Is _____ (the provider you are scheduled with) in-network? Y N
If not, is Spectrum Psychotherapy Centers in-network? Y N

2) Do I need a referral from my doctor? Y N

3) Do I have a deductible? Y N (If no, skip to question 4).
If yes, what is my deductible? \$ _____ What date does my deductible year restart? _____
Have I met the deductible? Y N If no, the amount left \$ _____
If you have not met your deductible, you will be expected to pay for your sessions until you meet your deductible.

4) Do I have a co-pay? Y N If yes, the amount is _____
Please note that some insurance companies have a co-insurance rather than a co-pay. If you have either a co-pay or a co-insurance, you will be expected to pay that amount at each session.

5) How many visits do I have per year? _____

6) Do I need an authorization? Y N
If yes, can you give me one?

Authorization # _____
Date Range: From: _____ To: _____
Number of sessions covered by this authorization: _____

7) **For patients with Anthem or Blue Cross/Blue Shield insurance:**

Number of pass-through sessions before an OTR is required (if applicable): _____
If you received services from another therapist, APRN, or psychiatrist this year: How many pass-through visits do I have remaining for this year? _____

8) What is the claims address for outpatient mental health claims? **Please note that this address may be different than the address listed on your insurance card.**

If you have difficulty obtaining the above information, or if your services are not covered by your insurance company, please call your therapist as soon as possible prior to your first scheduled appointment.