INSURANCE BENEFIT INFORMATION

*So that we are able to handle your insurance claims accurately, please contact your insurance company and fill in the following information. Please bring this to your first appointment.*

*Ask about “Outpatient Mental Health Benefits”*

1. Patient name:
2. Insurance company that handles mental health benefits:
3. Phone number:
4. Person with whom you spoke, date of phone call:
5. Authorization necessary? If so, authorization number:
6. Number of sessions authorized at this time:
7. Number of visits allowed per year:
8. Calendar year?
	1. If not, please specify when your fiscal year begins:
9. Deductible amount:
10. Co-pay or coinsurance amount: