

## **INSURANCE VERIFICATION FORM**

Thank you for choosing Spectrum Psychotherapy Centers, LLC as your Mental Health Provider. In order to insure 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** or **Mental Health**. If these are not on the back of your card, call the **customer service number**. Ask the representative for **Out patient Mental Health Benefits**.

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

Notify your insurance company that you will going to Spectrum Psychotherapy Centers, and seeing \_\_\_\_\_ (The Provider you are scheduled with).

### **Ask them 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 yes, the amount of the deductible is \$\_\_\_\_\_

Have I met the deductible? **Y N** If no, amount left \$\_\_\_\_\_

**If you have not met your deductible, you will be expected to pay for your sessions until you do meet your deductible.**

**4) Do I have a co-pay? Y N** **If yes,** the amount is \_\_\_\_\_

**If you have a co-pay, you will be expected to pay that amount 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: \_\_\_\_\_**

**8) What is the claims address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have difficulty obtaining the above information or your services are not covered by your insurance please call your therapist and discuss it with him or her.