

Insurance Verification Form

In order to avoid any confusion about your payment obligation we request that you contact your insurance company before your first appointment, complete this form and bring it with your paperwork to your first session.

Please call the customer service number on the back of your insurance card to obtain the following information.

Name of Insurance Company: _____

Primary Insured Name: _____ Primary's Date of Birth: _____

Client Member ID#: _____ Group ID# _____ Payer ID# _____

Ask your insurance company the following questions:

Is Soul Work Counseling in Network?

Yes ☐ No ☐

Do I need Preauthorization?

Yes ☐ No ☐

How do I get approved? _____

Do I have a copay plan?

Yes ☐ No ☐

How much is copay for office visit? \$ _____

Do I have a deductible plan?

Yes ☐ No ☐

How much is individual deductible?

\$ _____

How much is family deductible?

\$ _____

Are all expenses covered?

Yes ☐ No ☐

How much have I paid towards my deductible for this calendar year so far? _____

How much is left? _____

Please ask if your plan allows for On-line Videoconferencing Sessions. Yes ☐

No ☐

Please ask if your plan allows for 60-minute Sessions (code 90837). Yes ☐

No ☐

For couples counseling or family counseling:

Ask if family counseling is covered (code 90847)

Yes ☐

No ☐