

INSURANCE VERIFICATION FORM

Thank you for choosing Spectrum psychological 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 listed for either **Behavioral Health** or **Mental Health**. In the event there is not one listed, call the customer service number. Ask the representative for **Out-patient Mental Health Benefits**.

Please ask the following questions, fill in this form and bring it with you to your first visit.

Notify them that you will be going to Spectrum Psychological and seeing _____ (The Provider you are scheduled with). Ask if they are in Network. **Y N**

Do I have a Deductible? Y ___ N ___, **if yes \$ _____, have I met it yet? Y ___ N ___ Amount not paid \$ _____ (If you have not met your deductible, you will be expected to pay for your sessions until you meet your deductible)**

Do I have a co-pay? Y ___ N ___, **If yes \$ _____ (If you have a co-pay, you will be expected to pay that amount at the time of each session)**

Do I have Co-Insurance? Y ___ N ___, **If yes % _____ (If you have co-insurance you will not pay anything until your insurance has paid their portion)**

How many visits do I have a year? _____

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

Authorization # _____

Date Range From _____ **to** _____

Number of sessions: _____

Where do I send claims: _____

If you have difficulty, please call 1-440-446-9696 Ext. 18, and we will be happy to assist you. In the event that your services are not covered by your insurance and you find it necessary to cancel your appointment, please call 440-446-9696 Ext. 10 and let the receptionist know.

