



**Insurance Verification Worksheet**

**Client Name:** \_\_\_\_\_ **Parent Name:** (if child is client) \_\_\_\_\_

**Insurance Information:** *Please phone your Insurance Company and fill out this form the best you can.  
This is very helpful information if you are unfamiliar with your coverage.*

**Name of Insurance:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Claims Address:** \_\_\_\_\_

**Insured's Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Plan/Grp #:** \_\_\_\_\_

When you call, be sure to write down the name of the person that you talk to for later reference.

**HMO Contact Person:** \_\_\_\_\_ **Date & Time of call:** \_\_\_\_\_

**Say, "I'm calling to clarify my benefits and coverage for out-patient mental health." (They will ask for your member ID #)**  
*Ask enough questions to complete all of the information. Incomplete information will require another phone call.*

**Is my therapist, \_\_\_\_\_, or Olive Branch Counseling Center, on the Participating Provider List?**

(Name your therapist; you may find that information on your insurance's website, but do remember that the website might not be up to date).

If \_\_\_\_\_ or Olive Branch Counseling Center, Inc. is **NOT on their panel**, then ask these questions:

**"Does my policy allow me to choose my own therapist?"** Yes No  
**"Can I go outside of the panel or the provider list?"** Yes No (If so, "Is my coverage different?  
How?") \_\_\_\_\_

**Then ask: "What is my:**

**Copay:** \_\_\_\_\_% or \$ \_\_\_\_\_/session. Whichever is less. **Effective Date of Policy:** \_\_\_\_\_

**Deductible?** No Yes **Amount of Deductible \$** \_\_\_\_\_ / family or individual?

**Deductible Per Calendar Year?** Yes No **Month Deductible Begins** \_\_\_\_\_

**Has any Deductible been met for this year?** No Yes **If yes, how much?** \_\_\_\_\_

**Is Pre-authorization needed?** No Yes **Any benefits used to date?** Yes No

**# Visits allowed per calendar year** \_\_\_\_\_

**# Visits allowed per 24 Consecutive months** \_\_\_\_\_ **Beginning:** \_\_\_\_\_