



## Insurance Verification

**STEP 3: Please also fill this section in BEFORE you call the insurance company.**

Name of Insured \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Client's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**STEP 4: You are responsible to CALL YOUR INSURANCE COMPANY TO OBTAIN THE FOLLOWING INFORMATION. (Sometimes you have to ask them to slow down so you can write down all the information.)**

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Date/1<sup>st</sup> Contact \_\_\_\_\_

1. Is there mental health coverage? Yes No  
What type of coverage? Outpatient ( ) Testing ( ) Group ( ) Family ( )

**2. When checking provider lists look for Hannah Fischer, LPC.**

3. Is there a deductible? Yes No \$ \_\_\_\_\_ per year

4. Coverage details: \_\_\_\_\_ % covered \$ \_\_\_\_\_ Maximum fee per session

Maximum benefit: \$ \_\_\_\_\_ per \_\_\_\_\_

**OR**

# \_\_\_\_\_ sessions per \_\_\_\_\_

Used to date: \$ \_\_\_\_\_ or # of sessions \_\_\_\_\_

Renewal date \_\_\_\_\_

Other information: \_\_\_\_\_

**STEP 5: Please return these forms to Hannah Fischer's office before your first appointment.**