2022 MENTAL HEALTH/BEHAVIORAL HEALTH
INSURANCE BENEFITS VERIFICATION FORM

If you will not be using insurance, you have the right to a Good Faith Estimate (GFE) detailing the anticipated cost of your treatment. If you would like to receive a GFE, please contact our office.

If you will be using insurance, please complete and return the following form to info.beautifulmindscounseling@gmail.com or to your individual therapist. Also, please email a copy or photo of your insurance card or upload it to your patient portal. Feel free to contact our office with any questions or concerns.

Patient's Name: _____
Date of Birth: _____/____/_____

Policy Holder's Name: _____
Date of Birth: _____/____/_____

Name of Primary Insurance:
_____

Member ID #: _____
Group #: _____

Insurance Phone #: _____

Name of insurance representative spoken with: _____
ID for the call: _____

Questions for Your Insurance Provider:

1. "Do I have mental/behavioral health coverage?" ▫ YES ▫ NO
2. "Is the mental health coverage through my primary insurance or another provider?
    a. Name of Behavioral Health Insurance Plan:
    _____
3. "Is my preferred therapist ***Beautiful Minds Counseling (NPI 1326657909)*** in network?" ▫ YES ▫ NO
4. "Do I have Out-of-Network benefits?" ▫ YES ▫ NO

In-Network Coverage

4. "What is my co-pay amount?" $_____
5. "Do I have a deductible?" ▫ YES ▫ NO If **YES**, "What is my deductible?" $_____
6. "Do I have a co-insurance or other amount I am responsible for?"
    a. If YES, "What is my co-insurance or other amount?" $_____

Out-of-Network Benefits

7. "How much will I be reimbursed if I see an Out-of-Network therapist?" $_____
8. "Do I have an Out-of-Network deductible?" ▫ YES ▫ NO
    a. If **YES**, "How much?" $_____

Services Covered

9. "Can you please verify that the following services are covered under my policy?"
    a. ▫ Individual Therapy (90837) ▫ Family Therapy (90847)
10. "Do I need an authorization to receive any of these services?" ▫ YES ▫ NO
    a. If **YES**, "What is my authorization number?"
    _____
11. "How many sessions are authorized?" _____
12. "What are the dates for the authorized sessions?" _____/____/_____ - _____/____/_____