



Insurance Preparation Form

Fill out this form and bring it to your first appointment.

Name of insurance company: _____

Phone number of insurance company: _____

Representative I talked to at insurance company & confirmation number of phone call:

Questions to ask Insurance Rep:

1. Do I have behavioral health coverage? _____
2. Is Jacqueline Anderson (that's my full name listed on insurance companies data base) an in-network provider with my insurance company?

3. If Jacqueline Anderson is NOT an in-network provider, do I have out of network benefits? _____
4. If Jacqueline Anderson IS a provider do I need an authorization prior to receiving mental health services from her? _____
5. What is my co-payment per session? _____
6. What is my deductible payment per session for a CPT session code of
90791 billed at \$275.00? _____
90837 billed at \$175.00? _____
90834 billed at \$140.00? _____

****Copayments and/or deductible payments WILL BE due at time of service. If you present to session without knowledge of your health insurance plan's copayments and/or deductibles you will be responsible for paying, AT TIME OF SERVICE the self pay rate of \$115.00 per session. Once you establish what your copayment and/or deductible dues are, if needed, a credit will be applied to your account or reimbursement will be made to you for any overpayment made.****

By signing you indicate you understand and agree to be responsible for copayments and/or deductibles AT TIME OF SERVICE.

Signature: _____

Date: _____