



*A Beautiful Journey*

# 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:

Helpful number to help insurance company find me in their system: Tax ID 26-3930118

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? \_\_\_\_\_
7. If I have a deductible what amount **per session** am I responsible for paying? \_\_\_\_\_

**\*\*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: \_\_\_\_\_