

**Insurance and Benefit Information Form**

*Please complete the following form and bring it with you to your first appointment:*

Please contact your mental health insurance carrier and let them know that you are attempting to obtain benefit information regarding your **outpatient mental health services**. They should then provide you with the following information:

Effective Date: \_\_\_\_\_

Is Preauthorization needed? (please circle) Yes No

If the answer is yes, what is the authorization number:\_\_\_\_\_

Is there a deductible which should be met first? (please circle) Yes No

If the answer is yes, then how much?\_\_\_\_\_

What is your co-payment or co-insurance amount?\_\_\_\_\_

How many sessions do they allow per year?\_\_\_\_\_

(Patient is responsible for making sure to track session numbers and alerting therapist when reauthorization is needed or full fee amount of \$115.00 applies)

\*\*If you do not have this form with you at the time of your first session, then you will be responsible for the full intake amount at the end of the first session which is \$185.00.