

| Client name:_  |  |
|----------------|--|
| Date of birth: |  |

## **INSURANCE VERIFICATION GUIDE**

We have created the Insurance Verification Guide below to help you obtain the information necessary to understand your behavioral health coverage. Fill out this form while speaking with your insurance company. Please give the completed form to your therapist at your first appointment.

| MY BEHAVIORAL HEALTH COVERAG                               | GE                                |  |                            |
|--|-----------------------------------|--|----------------------------|
| 1) What are my behavioral health be                        | enefits?                          |  |                            |
|  |                                   |  |                            |
|  |                                   |  |                            |
|  |                                   |  |                            |
| 2) Which types of therapy services a                       | re covered?: Individual           | Couples   Family   | Group                      |
| 3) Does my plan cover <i>in-network</i> se                 |                                   | Circle all that are covered  ?  my therapist's full name | Yes Or No                  |
| 4) Is pre-authorization required before seeking treatment? |                                   |  | Yes or No                  |
| 5) What is my ID number for behavio                        | oral health? #                    | _  | Circle one                 |
| MY FINANCIAL RESPONSIBILITY                                |                                   |  |                            |
| 1) What is my co-pay per session?                          | \$ per session                    |  |                            |
| 2) What is my annual deductible?                           | \$ per year                       | Deductible met?  | Yes or No                  |
|  |                                   |  | Circle one                 |
| CONTACT INFORMATION FOR MY I                               | BEHAVIORAL HEALTH COMPAN          | Υ  |                            |
| 1) What are my behavioral health cla                       | aims address & phone number? Note | this address may differ from your medical c              | laims contact information. |
|  |                                   |  |                            |
| Company Name   |                                   | Phone Number   |                            |
|  |                                   |  |                            |
| Street Address   |                                   |  |                            |
|  |                                   |  |                            |
| City   | State                             |  | Zip Code                   |

Every insurance plan is different. You, the client, is responsible for verifying and understanding your behavioral health coverage for Sandhill Counseling & Consultation to submit *in-network* claims on your behalf. **Note that Sandhill, nor your therapist, will verify your coverage at any time.** Unverified benefits or rejected claims will be billed to the client at the private pay fee rate.