

## **Insurance Information and Verification of Benefits**

I will be happy to bill your insurance for your covered services at Pamela W. Webster, LICSW, LCSW. You are, of course, still responsible for any balance your insurance does not pay. In order to bill for services I need your help. I must have accurate and complete information from you regarding your primary and any secondary health insurance companies' coverage. If you have more than one insurance coverage, I must have information on all of them in order to bill for your services. Insurance companies share information with each other to "coordinate benefits" and will not process claims that do not include information about other companies that may also have some primary or secondary responsibility for your bill. Claims are routinely rejected or delayed by insurance companies if they contain inaccurate or incomplete information.

Because mental health benefits are highly variable, I need you to call your insurance company(s) to obtain current and specific information about exactly what your mental health benefits are. This will also help ensure that there are no surprises for you about what your out-of-pocket costs are likely to be. I will contact your insurance company(s) to verify coverage too, but complete information is not always available to me from insurance companies until after I have submitted a claim.

Preparing and submitting insurance billings is a complex and time consuming process. Once a claim is submitted, it can take from 30 to 90 days, sometimes longer, for the insurance company to respond. It is very important that each claim has complete and accurate information so that it is not rejected or delayed.

### **Important - Medicaid Clients:**

If you have State of Washington Medicaid Insurance and also have another primary or secondary insurance coverage, you cannot decide to only tell us about and use the Medicaid insurance. If you do this, your Medicare claim will be rejected and I will no longer be able to serve you.

The form below will prompt you to request the necessary information when you contact your insurance company. Once I have this information, I will be able to prepare and submit claims to your insurance companies.

## Insurance Information/Verification of Benefits

Name of Client Receiving Services: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Insurance

Secondary Insurance

Ins. Company Name: _____	_____
Phone number: _____	_____
Effective Date: _____	_____
Group Number: _____	_____
ID Number: _____	_____

**Please call your insurance company to obtain the following information.** (The telephone number is usually on the back of the card.)

Insurance Company Contact Person you spoke with: \_\_\_\_\_

Insurance Company Contact Person's Phone # \_\_\_\_\_

Date of call: \_\_\_\_\_

Your name: \_\_\_\_\_

1. Is there Outpatient Mental Health coverage?  Yes  No  
 What type of coverage?  Individual  Group  Marital  Family

2. Is pre-authorization necessary?  Yes  No  
 If yes, please request any required forms.  (check if requested/obtained)

3. Are there out-of-network benefits?  Yes  No  
 If yes, what are the details? \_\_\_\_\_

4. Is there a yearly deductible?  Yes  No \$\_\_\_\_\_ per year  
 How much has been met to date? \$ \_\_\_\_\_

5. Coverage details: \_\_\_\_\_% covered for in network provider  
 \_\_\_\_\_% covered for out-of-network provider  
 \_\_\_\_\_# of sessions allowed per year

6. Is there a co-pay amount that needs to be paid directly by the client at each appointment? How much is it? \$ \_\_\_\_\_