

Client Form: Please complete before your appointment.

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MENTAL HEALTH/BEHAVIORAL HEALTH INSURANCE BENEFITS VERIFICATION FORM

Prospective Client: Please call the 800 number on your insurance card and complete this form with a customer service representative via telephone. It is important that you understand your insurance coverage.

Client's Name: _____ DOB: ____-____-____

Policy Holder's Name (if not client): _____ DOB: ____-____-____

Primary Insurance /Behavioral Health Insurance Plan: _____

Note: This may be different from your medical health insurance plan

Member ID #: _____ Group #: _____

Questions for Your Insurance Provider

- 1) "Do I have mental/behavioral health coverage?" YES NO
(If YES, continue. If NO, there is no need to proceed, other payment arrangements must be made. Please contact the therapist with whom you want to work to discuss payment options.)
- 2) "Is my preferred therapist _____ in network?" YES NO
*(If YES, go to **In-Network Coverage**, If NO go to question 3)*
- 3) "Do I have **Out-of-Network** benefits?" YES NO
*(If YES, go to **Out-of-Network** benefits. If NO, there is no need to proceed, other payment arrangements must be made. Please contact the therapist with whom you want to work to discuss payments options.)*

In-Network Benefits

- 4) "What is my co-pay amount?" \$ _____
- 5) "Do I have a deductible?" YES NO
- 6) If YES, "What is my deductible?" \$ _____
*(Now proceed to **Services Covered**)*

Out-of-Network Benefits

- 7) "How much will I be reimbursed if I see an Out-of-Network therapist?" \$ _____
- 8) "Do I have an Out-of-Network deductible?" YES NO
If YES, "What is my out-of-network deductible?" \$ _____

Services Covered

- 9) "Please verify that the following services are covered under my policy?"
 - Individual Therapy (CPT Code 90834) YES NO
 - Individual Therapy (CPT Code 90837) YES NO
 - Family/Conjoint (CPT Code 90847) YES NO

Services Authorized

- 10) "Do I need an authorization to receive any of these services?" YES NO
If YES, "What is my authorization number?" _____ and
- 11) "How many sessions are authorized?" _____

What is the electronic Payor ID? _____ What is the claims address?: _____