



MENTAL HEALTH BENEFITS WORKSHEET

I work with a number of insurance companies and employee assistance programs. Before we begin our sessions, it is important to know what your benefits are. To assist you in the process I have provided this worksheet to be filled out and then brought with you to your first session. Have your **insurance card** handy when you call the customer service number because you will need the Client ID and group numbers in order to determine your eligibility/benefits.

COMPLETE THE FOLLOWING PRIOR TO MAKING THE CALL TO CUSTOMER SERVICE

Client Name: _____ DOB: _____
Subscriber's Name: _____ Employer: _____
Client ID#: _____ Group #: _____
Insurance Company: _____ Insurance Phone: _____

COMPLETE THIS SECTION DURING THE CALL BY ASKING THESE QUESTIONS BELOW

Does my plan cover mental health services? Yes No
(If not, then speak with me about a cash payment arrangement)

Is **Wendy Biondi** a network provider? Yes No

If no, does my plan have out of network mental health benefits? Yes No
(If not, then speak to me about a cash arrangement)

What is my deductible? _____ Has my deductible been met for the year? Yes No

What date does my coverage renew on? _____

Do I have a co-pay or co-insurance? Yes No
If so, Co-pay \$ _____ Co-insurance \$/% _____

How many visits do I get per year? _____ How many visits have I used? _____

Does my plan require a referral from my primary care provider (PCP)? Yes No
(If yes, contact your PCP and request a referral to see me)

Does my plan require a pre-authorization? Yes No
If so ask how to obtain the authorization: _____

Authorization #: _____ Number of Visits Authorized: _____

Start Date: _____ End Date: _____

IF APPLICABLE: Does my plan cover any of the following?

Family Therapy Yes No Marriage Counseling Yes No Group Therapy Yes No

Be sure to bring a copy of this completed form and your insurance card with you to your first session so that we can review it.