

Patient Guided Verification of Benefit Form

This form will help you gather information about your insurance benefits for your upcoming visit.

Call Reference # _____

Provider Name: _____

Or name of person you spoke with at insurance company

Name of Patient		
Deductible / Met YTD	Individual	Family
	\$ /	/
Max Out of Pocket	\$	
Appt Date & Time		

Date of Birth	
Co-Pay per visit	\$
Co-Insurance per visit	\$

Is my provider <input type="checkbox"/> IN NETWORK or <input type="checkbox"/> OUT OF NETWORK?	
Does my provider need to obtain AUTHORIZATION for these services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a phone number to call to obtain AUTHORIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
If yes, is there an AUTHORIZATION FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where can we get the form?

Possible Procedure Codes to verify (provider to complete)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td>90791 Diagnostic Interview</td></tr> <tr><td></td><td>90832 Therapy 30 mins</td></tr> <tr><td></td><td>90834 Therapy 45 mins</td></tr> <tr><td></td><td>90837 Therapy 60 mins</td></tr> <tr><td></td><td>90847 Family Therapy</td></tr> </table>		90791 Diagnostic Interview		90832 Therapy 30 mins		90834 Therapy 45 mins		90837 Therapy 60 mins		90847 Family Therapy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td>96101 Psychological Testing</td></tr> <tr><td></td><td>96116 Neurobehavioral Status Exam</td></tr> <tr><td></td><td>96118 Neuropsychological Testing (PhD/PsyD)</td></tr> <tr><td></td><td>96119 Neuropsychological Testing (Tech)</td></tr> <tr><td></td><td>Other:</td></tr> </table>		96101 Psychological Testing		96116 Neurobehavioral Status Exam		96118 Neuropsychological Testing (PhD/PsyD)		96119 Neuropsychological Testing (Tech)		Other:
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Possible Diagnosis codes to verify _____
 (provider to complete)

Notes: _____

Please bring this form to your first visit.