

INSURANCE VERIFICATION

Patient Name: _____ Date: _____

Name of my Insurance Company: _____

Prior to your first appointment, please contact your insurance company to confirm your benefits & eligibility and to obtain the answers to the following questions. Please bring this completed form with you to your first appointment, as well as your insurance card.

(1) Telephone number to call to check my benefits & eligibility: _____

(a) Is there a 2nd tel # that must also be called to check my benefits & eligibility?

(b) If so, what is the 2nd telephone #? _____

(2) Does my insurance cover outpatient mental health services? Y / N

(3) Is my health insurance coverage active? Y / N

(a) If yes, my policy became effective on: _____

(4) Are my mental health benefits based on a calendar year? Y / N

(a) If no, my benefits are based on this range of dates: _____

(5) How many mental health visits are covered each year? _____

(a) How many remaining visits do I have this year? _____

(6) Is Laura Tabak, Psy.D. (at 844 California St. San Francisco, CA 94108) a "preferred provider" or "in-network provider" for my insurance plan? Y / N

(7) Do I have a deductible and must it be met before my insurance plans covers psychotherapy appointments? Y / N

(a) If so, how much is the deductible, \$ _____ and how much of it has been met? \$ _____

(8) Do I have a co-pay for each office visit? Y / N

(a) If yes, my co-pay amount for each visit is: _____

(9) Do I have a coinsurance percentage (% of each visit's fee that I have to pay) for each visit? Y / N

(10) Do I have to get an authorization for the doctor's services? Y / N

(a) If yes, who must call? The Referring Provider / Myself / Dr. Tabak

(b) The telephone number to call to obtain authorization is: _____