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Insurance Authorization Form

Patient Name: _____

First Date of Service: _____

This form is designed to help you determine what your insurance benefits are for counseling services. It is important for you to know this as **you are ultimately responsible for paying the cost of services**. These questions act as a guideline for you when speaking with your insurance provider and /or benefits administrator at your workplace (if appropriate). Please provide an answer to any pertinent question. I am sensitive to the confusion that exists for all of us who deal with large institutions and I believe the more clarification about your insurance benefits at the beginning will save us a lot of aggravation later.

_____ If you have a copay, it is due at beginning of each session. In addition, if your insurance has a coinsurance and/or deductible, you will be responsible for these payments. If there is a delay in payment from your insurance company, I may ask you to follow up with them. You will receive a statement from me after the first 45 days with your account status to date. You may also be able to go to your insurance company's website to review your bill's progress. If there has not been a payment made to me, then I would begin calling your insurance company for their status.

I would like you to be aware that there are some limits to confidentiality of your Personal Health Information when you use your insurance. For example, certain information has to be provided to your insurance company for billing purposes (e.g., a diagnosis), and most insurance companies reserve the right to review your file for various reasons (e.g., an audit, to ensure medical necessity for care, etc).

Basic Insurance Information

Patient Name:	Date of Birth
Patient ID#	Relationship to Policyholder
Primary Insurance Co.	*Secondary Insurance Co. (fill out only if needed)
Contact Phone Number for Mental Health Benefits	*Contact Phone Number for Mental Health Benefits
Policyholder's name (if different from patient) (if child is covered, the policyholder must sign ins form)	*Policyholder's name (if child is covered, the policyholder must sign ins form)
Policyholder's Group #	*Policyholder's Group #
Policyholder's Date of Birth	*Policyholder's Date of Birth

Patient: _____ DOB: _____

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Special Types of Benefits

-Your company may offer some additional benefits such as **Health Savings Accounts (HSAs) or Flex Spending Accounts**. Your company may contribute by providing a sum of money to you as a way of offsetting health service costs (such as copays, coinsurance, etc). **Please note: You will be responsible to provide me with the monies from these accounts that cover my fees. Credit card/HSA can be paid at office.** We will need the following information regarding these special accounts:

1. Do you have any of these special accounts? ___yes ___no What kind of an account? _____

Questions to Ask Your Insurance Company (secondary insurance too)

Date called _____ Health Insurance Company _____

Phone number called: _____ Person you spoke to: _____

1. I would like to obtain information about my **Outpatient Mental Health Therapy Benefits/Coverage**
2. Is my mental health benefit through my health insurance company? ___yes ___no
- If not, which company is managing this _____ Ph number _____

3. What are the effective dates of my insurance? From _____ to _____

4. Is there a limit to my benefits? _____

5. Do I have a deductible to meet? ___yes ___no If yes, how much is it? _____

Has it been met? _____ Is it an Individual Deductible or Family Deductible _____

6. Do I need a physician referral or preauthorization? ___yes ___no

Is there any other form that is needed to complete the authorization process? ___yes ___no

Where do we get the form and what is the fax number to send this form? _____

7. What is my co-pay _____? Is there a coinsurance and what is the amount? _____

8. Is there any diagnosis or types of therapy excluded from my plan? _____

9. Is there a limit to my benefits, i.e. number of visits _____?

Signature _____ Date Signed _____

Thank you for taking the time to understand your health insurance benefit. Together we will make this process simpler so that the concentration is on getting your counseling needs met.