

Thomas G Woodward, LPC
Licensed Professional Counselor

INSURANCE VERIFICATION WORKSHEET

Please phone your Insurance Company and fill out this form

Client Name _____

Name Of Insurance _____ (phone) _____

Claims address _____

Insured's Name _____ ID# _____

Plan/Group# _____

When you call be sure to write down the name of the person you spoke to.

Contact Person _____ Date & Time of Call _____

Reference Number of Call _____

State that you want to verify your coverage for outpatient mental health.

Ask if **Thomas G Woodward, LPC** is on the participating Provider list? __Yes No__

If he is not on list (panel), then ask these questions:

Does my policy allow me to choose my therapist? __Yes No__

Can I go outside the provider list or panel? __Yes No__

If yes, is my coverage different? __Yes No__ What is the difference? _____

Then ask: What is My:

Co-Pay _____ % or \$ _____/session? Effective date of policy? _____

Amount of Deductible? \$ _____/Family or individual?

How much of the deductible has been met? \$ _____

How much remains to satisfy the deductible? \$ _____

Is preauthorization needed? __yes No__ What is authorization #? _____

Number of visits allowed per calendar year? _____

Number of visits per 24 consecutive months? _____ Beginning: _____

Mental health benefits used to date if any? _____

May I attend biweekly sessions if needed? __Yes No__