

## Insurance Checklist

Prior to your first visit please call the phone number on the back of your insurance card and ask the following questions:

**Client Name:** \_\_\_\_\_ **Policy Holder:** \_\_\_\_\_  
**Primary Insurance:** \_\_\_\_\_ **Effective Date** \_\_\_\_\_  
**Secondary Insurance:** \_\_\_\_\_ **Effective Date** \_\_\_\_\_

1. What are my benefits for “in network out patient behavioral health”?  
Amount of copay/co-insurance? \_\_\_\_\_  
How many sessions are allowed? \_\_\_\_\_  
Do I have to satisfy a deductible/how much? \_\_\_\_\_  
Are there 2 separate levels of benefits? Serious & non-serious? \_\_\_\_\_
2. Do I need pre authorization before I can be seen by a therapist?  
If yes, what is the authorization # \_\_\_\_\_  
Number of sessions approved \_\_\_\_\_  
Name of rep & date of your phone call \_\_\_\_\_
3. Is Priscilla Brinkman, LCSW, covered under my benefits package?  
If “No”, what are my “out of network” benefits?  
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Address where insurance claims should be sent:  
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