

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?

Address where insurance claims should be sent:
