



Insurance Verification Sheet

The purpose of this document is to help you with the correct questions when you are speaking with your insurance company

QUESTIONS:

- 1. Does my plan cover outpatient counseling using codes 90837, 90853, and 90832 for services?**
- 2. Is a diagnosis required for coverage. If so, what diagnosis is covered?**
- 3. Is there a copay or a deductible that I must meet first? What is the copay/deductible?**
- 4. How many sessions are covered?**
- 5. Is the following practice & provider in-network with my plan? (*pick the practice and provider NPI information you are scheduling with from the list below*)**
- 6. Do I need a physician referral?**

Note, if you need a physician referral, this must be done PRIOR to your appointment. You may need to provide the referral office information located at the bottom of this form.**
- 7. When does my Insurance renew?**

****VERY IMPORTANT** Please ask for a reference number for your call.

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****Note****

At this time, The Practice (*but not all providers*) are in-network with most (*but not all*) insurance contracts with the following insurance companies: Aetna, Meritain, Cigna, Highmark Blue Cross Blue Shield , Optum/United Behavioral Health, UMR, Indepence, Delaware Medicaid, Highmark Health Options Medicaid, and Traditional Medicare.

If you are contracted with another company or your specific plan does not cover appointments, We are more than happy to provide you with a Superbill to submit to your insurance company for reimbursement. ****PLEASE** note that the Superbill is not a guarantee of reimbursement!