

Insurance Information Worksheet

Client's Name: _____ Client's Phone Number: _____
Client's Address: _____

PRA will bill insurance and managed care companies as a service to our clients. In order to do this, we need complete insurance information at the time of your first appointment. Also, it is important for you to understand the financial obligations and limitations of your mental health benefit. **This information can only be obtained by calling the number on the back of your insurance card.** Please ask your care manager the following questions:

1. What is the name of my insurance? _____ Phone: _____

2. Are mental health benefits managed by my insurance company or managed by another insurance? If so, what company provides the outpatient mental health benefit for my insurance?
Mental Health Benefit Plan: _____ Phone: _____

3. Where should mental health claims be mailed?
Address: _____

4. What is my? (or insurance subscriber's, if different)
Subscriber's Name: _____
Relationship to Patient: _____
Insurance ID Number: _____
Subscribers Social Security Number (REQUIRED): _____
Subscriber's Date of Birth: _____
Group Number: _____
Employer : _____
Authorization Number (if applicable): _____
Number of sessions authorized at this time: _____
What date does my authorization start? _____ End? _____

5. Does my insurance have a deductible? Yes No
If yes, what is the deductible? \$ _____
How much of my deductible has already been met this year? \$ _____

6. How many visits am I entitled to per year? _____ What is my co-pay? _____
Does my co-pay change according to the number of visits I use? Yes No
If so, what is my co-pay at each level? _____
If I have a parity diagnosis (a medical condition), how many visits are available? _____
And my co-pay? _____ Is this a "tiered" benefit? Yes No
If so what is my co-pay at each level? _____

7. Name of the person with whom you spoke: _____
His/her phone number _____ Extension: _____
Date you talked with him/her: _____