BRIGHTER DAY THERAPEUTIC SOLUTIONS, PLLC

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MENTAL HEALTH/BEHAVIORAL HEALTH INSURANCE BENEFITS VERIFICATION FORM

Client's Name: ____

Client's Date of Birth: _____-____-______

Policy Holder's Name (if different from client):____

Policy Holder's Date of Birth: _____-____-_____ Policy Holder's Soc. Sec. #: _____-____-______

Primary Insurance /Behavioral Health Insurance Plan:

____

Note: This may be different from your medical health insurance plan

Member ID #: ________________________________ Group #: ___________________________________

Questions for Your Insurance Provider

1) "Do I have mental/behavioral health coverage?" ☐ YES ☐ NO
*(If **YES**, continue. If **NO**, there is no need to proceed; other payment arrangements must be made. Please contact the therapist with whom you want to work to discuss payment options.)*
2) "Is my preferred therapist **Althea Simpson, LCSW, LICSW** in network?" ☐ YES ☐ NO
*(If **YES**, go to **In-Network Coverage**, If **NO** go to question 3)*
3) "Do I have **Out-of-Network** benefits?" ☐ YES ☐ NO
*(If **YES**, go to **Out-of-Network** benefits. If **NO**, there is no need to proceed; other payment arrangements must be made. Please contact the therapist with whom you want to work to discuss payments options.)*

In-Network Coverage

4) "What is my co-pay amount?" $__________
5) "Do I have a deductible?" ☐ YES ☐ NO
6) If YES, "What is my deductible?" $__________
*(Now proceed to **Services Covered**)*

Out-of-Network Benefits

7) "How much will I be reimbursed if I see an Out-of-Network therapist?" $__________
8) "Do I have an Out-of-Network deductible?" ☐ YES ☐ NO
If **YES**, "What is my out-of-network deductible?" $__________

Services Covered

9) "Please verify that the following services are covered under my policy?"
Individual Therapy ☐ YES ☐ NO
Family Therapy ☐ YES ☐ NO
Group Therapy ☐ YES ☐ NO

Services Authorized

10) "Do I need an authorization to receive any of these services?" ☐ YES ☐ NO
If **YES**, "What is my authorization number?" ___________________________________
11) "How many sessions are authorized?" _______________________________________