

INSURANCE INFORMATION FORM

PATIENT NAME _____

Many times, insurance coverage for mental health services differs from medical coverage. If you don't know the answers to the questions listed below, please call the customer service number on the back of your insurance card. The number sometimes says behavioral health, mental health, or mental health/substance abuse (mh/sa) services.

Please have this information before your first visit. We do not want any of our patients to be surprised about needing authorizations or having a deductible to meet. You will be responsible for any payment at the time of service.

- Do you need an authorization? _____
- If so, what is the authorization number? _____
- How many visits a year are authorized? _____
- What facility/person issued the authorization? _____
- What is the start date of the authorization? _____ End date? _____
- Does your insurance cover your specific therapist by name? _____
- Do you have a deductible to meet before your insurance begins paying? _____
- If so, what is the amount of individual deductible? _____ Family deductible? _____
- What dollar amount of the individual deductible have you met? _____ Family? _____
- What is your copay for each visit? _____
- Were you quoted a percentage you are responsible for? _____ If so, what is it? _____

If you have SoonerCare/Medicaid, this information is required for us to file your insurance. Information must be provided on your first visit.

- Name _____
- Social Security number _____
- Medicaid/SoonerCare identification number _____
- Race (Check One); White _____ Black/African American _____ Native Hawaiian or other
Pacific Islander _____ Native American _____ Asian _____ Hispanic/Latino: YES _____ NO _____
- Days absent from school in the last 90 days? _____
- Yearly Income _____ Number of dependents _____