



Providing resources  
to meet life's challenges

Form Date: 8/28/14

Client Name \_\_\_\_\_

### Mental Health Insurance Verification Form

All clients using insurance as payment for services must verify their coverage includes mental health benefits. This form provides all the information clients need to verify their coverage before their first appointment.

Contact customer service for your insurance provider. Contact information can generally be found on the insurance card. If multiple contact numbers are provided, please use the number for mental health benefits.

You will need the following information when you call:

Provider Name: \_\_\_\_\_

Provider's License type:  Clinical Social Worker  Professional Counselor  Clinical Psychologist

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Ask if your coverage includes mental health benefits for the type provider selected above.  
**If the response is no, stop here. You will not be able to use insurance to pay for services.**

If the response is yes, proceed to the next step.

Ask if the provider listed above is in-network with the insurance company.

#### Out of Network

If the response is no, you will have to pay the provider's full fee at time of service. If you wish to receive services and pay all fees at time of service, proceed to the next step. If you do not wish to pay the full fee at time of service, stop here. You will not be able to use insurance to pay for services at The Women's Center.

#### In Network

If the response is yes, proceed to the next step.

Ask if a pre-authorization is required before the first visit.

If the answer is no, proceed to the first appointment

If the answer is yes, ask if the provider needs to get the pre-authorization or if the client can get the pre-authorization.

Record the pre-authorization number below if the client is able to get the pre-authorization.

Pre-Authorization  
number \_\_\_\_\_

If the provider must request the pre-authorization please record the telephone number to request the pre-authorization.

[www.thewomenscenter.org](http://www.thewomenscenter.org)

In Virginia: 133 Park Street, NE, Vienna, Virginia P 703-281-2657 F 703-242-1454

In Washington DC: 1025 Vermont Avenue, NW, Suite 310, Washington, DC 20005 P 202-293-4580 F 202-293-4583

Authorization contact  
number \_\_\_\_\_

Ask if there a maximum number of visits per year? If so record the number of visits per year \_\_\_\_\_

Ask if there is an annual deductible that must be met? If so, record the amount of the annual deductible  
\_\_\_\_\_

Ask if there is a co-pay and how the co-pay may change based on number of sessions. Record the  
information. \_\_\_\_\_

Ask if there is an annual deductible that must be met? Yes  No

If the answer is yes, Ask how much of the deductible has been met for the year. Record the information  
\_\_\_\_\_.

Record the name of the person you spoke with and the date of the telephone call.

Insurance representative name \_\_\_\_\_ Date \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_

Bring this form to the first appointment.

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