

Insurance Verification Form

In order to avoid any confusion about your payment obligations, we request that you contact your insurance provider/company before your first appointment, complete this form and submit it to your client portal by scanning and uploading or bring a printed copy in with you at your first appointment.

Please call the customer service number on the back of your insurance card to obtain the following information.

Name of Insurance Company: _____

Primary Insured Name: _____ Primary Insured's Date of Birth: _____

Client Member ID#: _____ Group ID#: _____ Payer ID#: _____

Ask your insurance company the following questions:

Is "Minnesota Online Counseling" in Network?

Yes _____ No _____

Do I need Preauthorization for my session(s)?

Yes _____ No _____

If Yes, how do I get approved? _____

Do I have a co-pay plan?

Yes _____ No _____

If Yes, how much is my co-pay for an office visit? _____

If No, do I have a deductible plan?
Yes _____ No _____

If Yes, how much is my individual deductible? _____
If Yes, how much is my family deductible? _____

Are all expenses covered?
Yes _____ No _____

How much have I paid towards my deductible for this calendar year so far? _____

How much is left to satisfy my deductible? _____

Please ask if your plan allows for 60-minute sessions (code 90837). Yes _____ No _____

For couples counseling or family counseling:

Ask if family counseling is covered (code 90847). Yes _____ No _____