

Virginia Clinical Therapy Center

PATIENT INSURANCE VERIFICATION OF BENEFITS FORM

(Please complete in full)

Patient Name _____ DOB ____/____/____
Insurance Co. _____ Type of plan: HMO POS PPO EPO or Other
Policyholder Name _____ Policyholder DOB ____/____/____
Policy ID# _____ Group ID# _____

First Appointment Date: ____/____/____ **Appointment Time:** ____:____ AM / PM

Questions to ask your insurance company (please fill in the answers):

1. Do you have outpatient mental health benefits? Yes / No
2. Is your therapist in network? Yes / No
 - a. If NO, do you have out of network mental health benefits? Yes / No
3. Mental health copay amount \$ _____
4. Number of yearly visits allowed? _____
5. Does your plan have a lifetime maximum mental health benefit? Yes / No Amount _____
6. Does your plan require pre-authorization for mental health benefits? Yes / No
 - a. **If YES, please provide your insurance company with the name and identification numbers for your therapist (listed above) to obtain a designated pre-authorization number.**
 - b. Authorization #: _____
 - c. Authorization Start Date: _____ End Date: _____
 - d. **Authorization details & coverage:**
 - 90801 (Initial Evaluation) Yes / No
 - 90806 (Individual therapy) Yes / No # of visits allowed: ____
 - 90808 (Individual therapy, 75-90 minutes) Yes / No # of visits allowed: ____
 - 90846 (Family therapy without patient present) Yes / No # of visits allowed: ____
 - 90847 (Family therapy with patient present) Yes / No # of visits allowed: ____
 - 90853 (Group therapy) Yes / No # of visits allowed: ____
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By signing below, you are verifying the information provided within this form to be true and accurate:

Name (please print): _____

Signature: _____ Date: _____

Please arrive 15 minutes prior to your first appointment to complete the necessary paperwork, or 5 minute before your first appointment if you have downloaded and completed the intake forms on our website.

We do not accept financial responsibility for patients who see a provider who is not in-network and/or benefits that are not covered under your insurance plan.

Please note: Missed appointment fees are not covered by your insurance plan.

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