

**Desert Streams Christian Counseling**  
**INSURANCE INFORMATION FORM**

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

Date \_\_\_\_\_

**It is your responsibility to contact your insurance company prior to your first appointment to verify your benefits. We do not verify benefits.**

**Please keep in mind that deductibles and co-pays for mental health services are often different than for other medical services. Please contact your insurance company prior to your first appointment. Generally, a phone number is listed on the back of your insurance card to call to verify your benefits.**

**FOR CLIENTS WITH BCBS PPO PLANS: *Billing is done under the supervising psychologist.* Please contact your insurance carrier to inquire whether billing under the supervising psychologist is allowed under your plan, not all BCBS PPO plans have this provision. **If your BCBS PPO plan uses Value Options or Magellan for mental health then you must see a therapist who participates with those networks.****

**Please come to your first appointment with the following information about your insurance:**

1. Does your insurance have out patient mental health benefits?    Yes    No
2. Does your insurance require you to see a network provider?    Yes    No  
    If yes, is your therapist a network provider?    Yes    No  
    If no, do you have out-of-network benefits to cover services?    Yes    No
3. Are there any restrictions on the service provider?    Yes    No  
    Will it cover:    Ph.D.    MSW    MSW with supervision by Ph.D.    Ltd. Lic. Psychologist    LPC
4. Does your insurance plan require authorization/pre-certification?    Yes    No  
    If authorization/pre-certification is required, what is the phone number to call?  
    Phone # \_\_\_\_\_
5. Does your plan have deductibles?    Yes    No  
    If yes, what is the amount of the deductibles? \_\_\_\_\_  
    Have you met your deductibles?    Yes    No
6. Amount of your co-pay or payment responsibility per session? \_\_\_\_\_
7. Does your insurance have visit limits? If so, how many visits? \_\_\_\_\_

**Please be prepared to pay in full, \$195, for the first appointment if you are unable to supply us with the needed insurance information as outlined above. Any overpayment on the account will be applied to future deductibles or co-payments.**

**Thank you for your cooperation. Please feel free to contact our office at 345-0909 if you have any questions. If special financial consideration is required please discuss this with your therapist.**