

Hollie Wilson Counseling
 2000 Highland Village Road, Suite C
 Highland Village, TX 75077
 Phone: (205) 238-1207
www.holliewilsoncounseling.com

CLIENT INSURANCE VERIFICATION FORM

| | | |
|--|--|-------------------------|
| Today's Date | Date of 1 st Appointment | Verified by |
| Client Name | DOB | SSN |
| Address | | |
| Home Phone | Work Phone | Cell Phone |
| | | |
| Insured Name | Insured's Employer | |
| Insured's Address (if different) | | |
| Insured's SSN | Insurance Company | Mental Health Insurance |
| Client Insurance ID# | Insurance Phone | |
| | | |
| Insurance Contact Name | Reference # | |
| Requested Therapist | <input type="checkbox"/> IN NETWORK <input type="checkbox"/> OUT OF NETWORK | |
| Therapist Payer ID# (for electronic billing) | Therapist NPI (National Provider Identification) Number | |
| Effective date of policy | Annual deductible | |
| Deductible met? <input type="checkbox"/> YES <input type="checkbox"/> NO | Annual max sessions | Lifetime max sessions |
| Copay \$ | Does copay change after 1 st visit? <input type="checkbox"/> YES <input type="checkbox"/> NO | Percent reimbursement |
| Authorization required? <input type="checkbox"/> YES <input type="checkbox"/> NO | Authorization # | |
| Number of sessions authorized | Date range | |
| Claims address | | |
| | | |

| | | | |
|------------|---------------------|----------|-----------------|
| | | | |
| | | | |
| Deductible | Annual max sessions | Copay \$ | % Reimbursement |