

Please email this completed form to: donna@koddecounselingllc.com prior to the first session

Name _____ Client ID# _____ Client D.O.B. _____

***Note: If you have secondary insurance (Medicare, Medicaid), please complete two copies of this form

PRIMARY INSURANCE:

Policy Holder: _____ Policy Holder D.O.B. _____

Policy ID# _____ Group # _____

Caller: _____ Phone # _____

In order to ensure that your sessions will be covered under your health insurance policy, you will need to contact your insurance company by calling the phone number for "Behavioral Health" or "Mental Health" listed on the back of your insurance card. In the event that it is not listed, call the customer service number.

Name of Company handling your mental health benefits (sometimes different from the Medical)

Insurance company: _____

Phone number called: _____ Date of Call: _____

Person you talked to: _____ Time of Call: _____

- A) Ask the representative for Outpatient Mental Health Benefits
- B) Notify them that you will be seeing *Donna VanderKodde, LPC*
- C) Ask them if *Donna VanderKodde, LPC* is an In-Network provider: _____ Yes _____ No

If Yes, skip to Question #1 below now.

If No, what are my out-of-network benefits? _____

(Complete the questions below)

1. Do I have a deductible?

a. If Yes, have I met my deductible? _____ Yes _____ No

b. If No, amount of deductible not paid: \$ _____

- If you have not met your deductible, your insurance company will expect you to pay for your sessions until you meet your deductible.

2. Do I have a copay? _____ Yes – Co-pay Amount: \$ _____ No

3. Do I have Co-Insurance? _____ Yes – Co-pay Amount: \$ _____ No

4. How many visits do I have a year? _____ Ending Date: _____

5. Are the following CPT Codes covered under my policy? (Indicate Yes or No for each)

CPT Codes Approved: Counseling Therapy Services

_____ 90791 (Initial Intake Session) _____ 90834 (individual therapy 38-52 minutes)

_____ 90837 (Individual therapy 53+ minutes) _____ 90846 (Family counseling w/o client present)

_____ 90847 (Family counseling – client present)

6. Do I need an authorization for sessions? _____ Yes _____ No

a. If Yes, can you give me one?

Authorization # _____

Date range from _____ to _____

Number of sessions _____

CPT Codes authorized: _____ 90791 _____ 90834 _____ 90837 _____ 90846 _____ 90847

b. Do I need to call back if I need additional sessions? _____ Yes _____ No

If Yes, what is the number I call? _____

7. Where does my provider send claims? _____