

# Behavioral Health Insurance Information

Please complete this form and bring it to your initial appointment. Thank you!

**PLEASE VERIFY WITH YOUR INSURANCE COMPANY WHETHER I AM CONSIDERED IN-NETWORK OR OUT-OF-NETWORK**

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Insured Phone Number: \_\_\_\_\_

Insured Employer Name or Name of School: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have a secondary insurance, please complete a second form including that information and indicate "Secondary Insurance" on the top

Do you wish to use your insurance benefits? Yes No

Do you have a Health Savings Account or Health Reimbursement Account? Yes No

Do you have an EAP program that you can use for counseling services? Yes No

Is Gera considered "in-network" or is a "preferred provider?" Yes No

When you contact your insurance provider, please inquire if there is a limit on counseling modalities such as group, marriage/couples counseling, family counseling. Some insurances pay for marriage or group counseling and some do not.

You will also want to find out if you have a deductible to meet and how much you've paid towards it to date.

Additionally, you will want to find out what your co-pay is for office-based outpatient mental health counseling services.

As always, if you have any questions or need help regarding this, please do not hesitate to ask me.

1/2016