

Clarification Sheet

Any fees that are not covered by your insurance company are your responsibility. These fees may include a deductible that must be met by you, any co-pay amount not paid by your insurance company, and other fees not covered by your insurance company. I recommend that you call your insurance company to verify your insurance coverage. This will eliminate any surprises which may interfere with your therapy later on. A common surprise is that insurance sometimes only pays for a certain number of sessions. Fees for any session that are not covered by your insurance company for any reason are your financial responsibility to pay at the full fee rate.

Your Name: _____ Your Address: _____

Name of Insurance Company _____

ID# _____ Group # _____

Date of call to Insurance company _____

There is usually a 1-800 number on the back of your insurance card. Please write that number here: _____

Name of person you spoke with _____ Their phone extension _____

Please verify insurance coverage for outpatient mental health services:

CPT code 90806 is for individual therapy.

The provider will be Kathleen Check, MS, LCPC.

Is Kathleen Check on the insurance network panel? _____

(BCBS of Illinois provider # is 1635069)

Is there a deductible? _____

What is deductible period? Is it a calendar year? _____

What percentage will your insurance company pay for each session? _____

Is this percentage based on the actual billed amount? _____

Maximum number of sessions per year? _____

Pre-approval needed? _____

If so, what is the procedure for this? _____

I have read the statement above and understand that fees not covered by my insurance company (e.g., Blue Cross Blue Shield) are my financial obligation. Further, I have completed this form with correct and complete information.

Your Signature

Date