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### 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.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Please verify insurance coverage for outpatient mental health services:

CPT code 90837 is for individual therapy.

Is Kathleen Check, PhD on the insurance network panel? \_\_\_\_\_

(BCBS of Illinois provider # is 1635069 NPI # 1033249107 National Provider Number)

Is there a deductible that must be paid by the patient before the insurance company will pay anything?  No  Yes. If yes, how much is it? \_\_\_\_\_

What is deductible period? Is it a calendar year? \_\_\_\_\_

Is there a "copayment" that the client must pay for each treatment session?

No  Yes (If yes, how is it calculated?): \_\_\_\_\_

Is there a maximum number of sessions per year?  No  Yes (How Many? \_\_\_\_\_)

Pre-approval needed?  No  Yes

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