DESERT STREAMS Christian Counseling

INSURANCE VERIFICATION NOTICE

(Not applicable to Medicaid clients.)

I understand that it is my responsibility to verify insurance coverage and that I will be financially responsible for anything my insurance provider does not cover.

Please feel free to contact our office if you have any questions.

If special financial consideration is needed, please discuss this with your therapist.

Client Name (print) DOB

Legal Guardian Name, if applicable (print) Relationship

Client / Guardian Signature Date

If you would like to know what your insurance covers prior to your appointment, Call the Customer Service number on the back of your insurance card and ask the following questions:

1. What is my Outpatient Mental Health coverage?
    a. Does your Deductible apply? Yes / No

       Deductible Total: _____ Deductible amount paid so far: _____

    b. Coinsurance / Copay: _____
2. Is Desert Streams Christian Counseling (or the name of your designated therapist) in network with my plan?
3. If needed, CPT codes are 90791 (Initial Diagnostic) and 90837 (53 minute session).