

Still Point Counseling, Inc
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Benefits Verification Form

Insurance Policy Information

Complete the following information before calling the customer service number on the back of your insurance card to make it easier to provide the information to the representative.

Insurance Name: _____ **Phone:** _____

Client/Patient Name: _____ **Date of Birth:** ___/___/___

Subscriber Name: _____ **Date of Birth:** ___/___/___

1. Call the number on the back of your insurance card. Once you reach a customer service representative, ask for "Outpatient Mental Health" or "Behavioral Health" Benefits.
2. If requesting treatment for Substance Abuse ask specifically if it is a covered benefit and if it requires authorization.
3. When asked for the provider's name, tell them _____.
4. If they ask for the provider's NPI number and/or Tax ID number, give them the following:
 - a. Group/Type 1 NPI: 1144654203 - Individual/Type 2 NPI: 1225126139
 - b. Tax ID #: 20-5721047
5. Ask the following questions and record the answers below.
 - a. Is this provider In-Network: Yes ____ No ____
 - b. What is my In-Network deductible? _____
 - c. How much of my deductible is remaining? _____
 - d. What is my Out-of-Network deductible? _____
 - e. How much of my Out-of-Network deductible is remaining? _____
 - f. What is my copay or coinsurance for this provider? _____
 - g. What is my maximum out of pocket/stop loss amount per year? _____
 - h. What is my maximum number of sessions per year? _____
 - i. Is authorization required? Yes ____ No ____
 - j. If yes, how is that obtained? _____
 - k. What is the claims mailing address?

Name of the representative you spoke with: _____

Date you called: _____ Time you called: _____