

Insurance Inquiry Form:

Please print

Patient Name	Date of Birth	Address	City	Zip
Insured Name	Date of Birth	Address	City	Zip
Relationship of Patient to Insured		Self / Spouse	Child / Other	

It is your responsibility to clearly understand your mental health insurance benefits. It is extremely important to document your insurance inquiry because without this documentation you have no way of defending yourself if and when the insurance company decides to deny your coverage. If they decide for whatever reason to deny your benefits, you are responsible to pay the full contracted fee. If for whatever reason you are unable to get the answers to the following questions, I will take time in session to complete this information.

I have included a copy of my Insurance Card both front and back. YES NO YOU MUST INCLUDE THIS!

Question	Answer
Date and time called	
Name of Insurance Co. and phone number	
Name of representative talked to	
ID number needed to file claims	
Is Ron Edeal, MFT, a contracted provider	
Do I need a parity diagnosis	
Do I need preauthorization? If YES, list it here	
Do I have a deductible, If so, what is the balance	
How many sessions	
Do I have a co-pay	
Do I have EAP benefits	
--If so, how many sessions	
--If so, what dates are covered	
--If so, what is the authorization number	
--If so, what is the address to send the billing form	
Do I have additional sessions after EAP	
--If so, how many	
--If so, what dates are covered	
--If so, do I need a new authorization number	
--If so, what is the address to send the billing form	

Signed _____

Date _____