

Northwest Behavioral Medicine

Welcome to Northwest Behavioral Medicine. We understand that you wish to use your insurance benefits for our services. We are happy to facilitate the process; however, ultimately it is your responsibility to determine whether your doctor and/or therapist are in your network and to be aware of your current Mental Health insurance coverage. It is also necessary for you to obtain an authorization when required by your insurance company.

To use your insurance for your upcoming visit it **is critical to complete the enclosed Patient Insurance Verification Form**. You will want to contact your insurance company at the Mental Health phone number provided to you on your insurance card and ask a representative the following information. **Without this form completed in its entirety, you will default to a “Self-pay” status and be required to make payment in full at the time of service. We cannot file your insurance claims for you without the information.**

Please take a few moments before your appointment to complete this form and bring it with you. If you wish to obtain the complete package of patient information and forms prior to your appointment, please visit our website at www.psychatlanta.com. We look forward to meeting you in person and hope to be of help to you.

Sincerely,

Northwest Behavioral Medicine Office Staff

Patient Insurance Verification of Benefits Form

(Please Complete In Full)

Name and address

DOB _____
Patient SS# _____
Home ph# _____

Office: _____ Appointment date: _____ Appointment time: _____

Policyholder's Name _____ Policyholder's DOB _____

Policyholders SS# _____ Employer _____

Insurance company: _____ Mental health phone # _____

Policy ID# _____ Group ID # _____ Effective date: _____

Mental Health Claims Address: _____
 ****Please contact you insurance company _____
 for this address may be different than your card _____

MD	
Is your doctor in network Yes or No	Copay amount \$ _____
Do you have out of network benefits Yes or No	Deductible amount \$ _____ Has it been met _____
Are authorizations required for a	What type of ins plan? HMO POS PPO EPO or Other
90801 (new patient) Yes or No	How many visits per year am I allowed? # _____
90805 (medication management/therapy) Yes or No	Plans lifetime maximum benefit? _____
90862 (medication management) Yes or No	
90806 (therapy only LCSW) Yes or No	
Authorization # _____	Auth Start Date: _____
How many visit are approved # _____	Auth End Date: _____

Patient Signature: _____ Rep: _____ Date: _____

We hope this information will help you understand the mental health benefits of your insurance plan. To learn more about our office, or to obtain your new patient forms you may visit our website at www.psychatlanta.com. Please arrive twenty minutes prior to your first appointment. Please understand that we do not accept financial responsibility for patients who see a provider, which is not in network and/or benefits that are not covered under your insurance plan. We ask that you please provide a 24 hours notice for any appointment cancellations.

Staff only: _____

