

RSL Counseling and Coaching, LLC
Rochelle Ladin, LPC

Insurance Verification Worksheet

It is your responsibility to phone your Insurance Company and fill out this form.

Client Name _____ DOB _____

Parent's Name (if client is a child) _____

Name of Insurance: _____ Phone (____) _____

Claims Address _____

ID# _____

Plan/Group# _____

When you call be sure to write down the name of the person that you spoke with for later reference.

Contact Person: _____ Date & Time of Call: _____

Reference number of call _____

State that you are calling to verify your benefits and coverage for outpatient mental health

Ask if Rochelle Ladin, LPC- RSL Counseling and Coaching, LLC is on the Participating Provider List ___ YES ___ NO

If she is Not on their panel, then ask these questions

"Does my policy allow me to choose my own therapist?" ___ Yes ___ No

"can I go outside of panel or provider list?" If so, "Is my coverage different. and what is the difference?" _____

Then ask: "What is my":

Co-Pay: _____ % or \$ _____ /session.

Deductible? ___ Yes No ___ Amount of Deductible: \$ _____ /Family or individual? _____

Has any deductible been met for this year? ___ Yes ___ No How close am I to completely meeting it? _____ Is pre-authorization needed? ___ Yes ___ No IF yes, what is my authorization # _____

Must my diagnosis be biologically based for benefits to be available? ___ Yes ___ No

Number of visits allowed per calendar year: _____ Number of visits per 24 consecutive months: _____

Beginning: _____ Any benefits used to date? ___ Yes ___ NO

May I attend biweekly sessions if needed? ___ Yes ___ No