

The Art of Living Counseling Center
900 Pyott Road, Suite 102
Crystal Lake, IL 60014
815.444.9076
NPI # 1235253824
Insurance pre-determination of Benefits

PLEASE COMPLETE THIS FORM AND FAX TO US AT 815.444.9079

Client's Name _____ DOB _____
Insured Name _____ DOB _____
Insured Place of Employment _____
Insurance Company _____
ID Number _____ Group Number _____
Insurance Phone Number _____

CALL YOUR INSURANCE COMPANY AND ASK THEM THE FOLLOWING QUESTIONS TO DETERMINE YOUR BENEFITS:

1. Ask if your therapist and *The Art of Living Counseling Center* is considered in or out of network. IN-NETWORK _____ OUT OF NETWORK _____
2. Ask if your benefits are managed by any other manage care company. YES ___ NO ___ If so who? _____
3. What is your effective date? _____
4. Do you have a pre-existing clause? YES _____ NO _____ If yes, until when? _____
5. Ask them what your benefits are for outpatient mental health in an office setting. Ask if you have separate levels of benefits for SERIOUS and NON-SERIOUS diagnosis. YES ___ NO ___
6. What is your INDIVIDUAL deductible? _____ FAMILY deductible? _____
7. If you have a deductible, how much of it is met this year? _____
8. Do you have a co-payment? YES ___ NO ___ How much? _____
9. Do you have a co-insurance (Percentage that you are responsible for)? YES ___ NO ___ How much? _____
10. Do you have coverage for the following services and CPT codes?
 - a. INITIAL DIAGNOSTIC EVALUATION (CPT code 90791) YES ___ NO ___
 - b. INDIVIDUAL COUNSELING 35 min (CPT code 90834) YES ___ NO ___
 - c. INDIVIDUAL COUNSELING 55 min (CPT code 90837) YES ___ NO ___
 - d. FAMILY/MARITAL COUNSELING (CPT code 90847) YES ___ NO ___
 - e. GROUP COUNSELING (CPT code 90853) YES ___ NO ___
11. How many session do you have yearly? _____ Lifetime? _____
12. How many of those session are already used? _____
13. Do you need pre-authorization for treatment? YES ___ NO ___

14. If yes, how many sessions are authorized? _____
15. What is the authorization number? _____
16. Where does your insurance company want their claims to be sent?
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**PLEASE BRING YOUR INSURANCE CARD WITH YOU TO YOUR FIRST SESSION
SO WE CAN MAKE A COPY OF IT.**

**AS A REMINDER, ALL DEDUCTIBLES, COPAYS, AND CO-INSURANCE AMOUNTS
ARE DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, AND CREDIT
CARDS.**

THANK YOU!