



P E A K P E R F O R M A N C E I N S T I T U T E

4407 Bee Caves Road, Suite 411 • Austin, Texas 78746 • (512) 347-8100 • Fax: 347-8200 •  
www.peakinstitute.com

JAN FORD MUSTIN, PH.D.  
PSYCHOLOGIST

**A Professional Corporation**

**Insurance Verification Form**

*This form has been prepared for you to facilitate the verification process with your insurance company for reimbursement for professional services. This office has no direct relationship with the insurance companies, but our in-house accountant is available to assist you through this process. Please complete all fields and return this form for assistance with insurance verification.*

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Contact Number: \_\_\_\_\_

Group #: \_\_\_\_\_ Insured's ID#: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Additional Insurance Coverage?**

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Contact Number: \_\_\_\_\_

Group #: \_\_\_\_\_ Insured's ID#: \_\_\_\_\_

Policy #: \_\_\_\_\_

**For Office Use Only:**

Check specific diagnostic codes: F43.20, G31.84, F07.81, F90.2

Check procedure codes: 90791, 90834, 90837, 90846, 90847, 90853, 90875, 90876, 96101, 96102, 96103, 96118, 96119, 96120