PEAK PERFORMANCE INSTITUTE

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Insurance Verification Form

This form is provided to assist you in verifying insurance reimbursement for professional services. Because this office does not work directly with insurance companies, the questionnaire is for your use. Please complete all sections, record the full name, identification number, and date of each insurance representative you speak with, and verify information with more than one representative. Keep these records in case an appeal is needed.

We encourage you to make copies of this form and call your insurance company multiple times, speaking with a different representative each time, and to keep a completed form for each phone call. With a paper trail, you are in a stronger position to appeal if your claim is denied.

Client Name:_____ Date: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Client's SS#: _____
Phone #: _____
Address: _____
_____
Name of Insured: _____
Group #: _____ Insured's ID#: _____ SS#: _____

Additional Insurance Coverage? _____
Phone #: _____
Company: _____ Group#: _____
Address: _____
_____
Name of Insured: _____
Group #: _____ Insured's ID#: _____
Policy #: _____

Contact Person: _____

Psychology Services Covered? _____ Percent: _____ Annual Limit: _____

Are Services capitated? _____ If so, details _____

_____

_____

Qualifications of provider: _____

Precertification Required? _____

Need to be "In Network"? _____

Coverage levels if out of network? _____

Lifetime Limit: _____ (dollar) _____ (sessions)

Individual Sessions? _____ Group? _____ Assessment _____

Are there any diagnostic categories that are not covered? _____

What are they? _____

Are there any procedural codes (CPTs) not covered? _____

What are they? _____

Is there any psychological assessment, personality, intellectual, educational, vocational, etc., that is excluded from coverage? _____

_____

What types of assessments are not covered? _____

What percentage of assessments are covered? _____

Limit on the number of visits per year?: _____ per week? _____ per day? _____

Dollar amount allowable for individual psychotherapy: _____

Check procedure codes, e.g., 90837, 90791, 90832, 90834, 90839, 90875, 90876, 95921, 95957, 96101, 96118, 96119, 96125, 96130, 96146, 98968, etc.

_____
_____
_____
_____

List procedure codes covered with percentage of coverage: _____

_____

_____

Other limitations: _____

Deductible $: _____ Met: _____ When Effective: _____

Date policy is renewed annually: _____

Will the insurance company accept the claims that you file yourself? _____

Directions for claims filing: _____

_____

Other: _____
_____
_____

Typical length of time for reimbursement: _____

Electronic billing? _____

Will the insurance company pay you directly? _____

_____
(Name of the person who verified coverage)