

Client Name \_\_\_\_\_ Date Completed \_\_\_\_\_

I require that new clients check their insurance benefits **before** their initial appointment in order to determine the appropriate charges for counseling services. I am **In-Network with most Blue Cross Blue Shield of North Carolina (BCBSNC) plans and with Carolina Behavioral Health Alliance (CBHA)**. *Checking your benefits does not guarantee payment.* I am willing to apply for **Out-of-Network** benefits on a case-by-case basis, as well; please understand that **clients remain fully responsible for all counseling fees. It is only after your insurance company has made its first payment that you can be guaranteed the coverage amount.**

**You will need to bring this completed form and your current insurance card to your initial counseling session.**

1. Contact your insurance company at the customer service number (usually found on the back of your insurance card). When you contact customer service, let them know that you are calling to determine your **mental health office visit benefits**. This term simply means that you are asking about mental health benefits and that Donna Hampton’s counseling services are provided in an office setting, rather than in a facility or inpatient setting.
  - a. Your insurance company may require the following numbers for Donna Hampton’s services:
    - i. Tax ID # 47-5071754
    - ii. **National Provider Identification # (NPI #) 1407032576**
  
2. Make sure you receive the following information:
  - a. Is Donna Hampton an In-Network Provider with MY plan? Yes No
  - b. Do I have a **Deductible**? Yes No
    - i. If Yes, how much? \$\_\_\_\_\_
    - ii. If Yes, has any of my Deductible been met? Yes No
    - iii. If Yes, how of my Deductible much has been met? \$\_\_\_\_\_
    - iv. How much remains BEFORE I meet my Deductible? \$\_\_\_\_\_
    - v. If I **have not met my** Deductible, what is MY Fee for Counseling? \$\_\_\_\_\_
  - c. **When** does this Deductible renew (January 1 or another date)? \_\_\_\_\_
  - d. Do I have a **Co-Pay** or **Co-Insurance**? Yes No
    - i. If Yes, what is the **amount**?
      1. Co-Pay \$\_\_\_\_\_ OR Co-Insurance \$\_\_\_\_\_ OR %\_\_\_\_\_
  - e. Is there a **limited number** of visits per year? Yes No
    - i. If Yes, **how many** visits? \_\_\_\_\_
    - ii. If Yes, what is the Calendar Year (i.e. January –December, etc.)? \_\_\_\_\_
  - f. Do these counseling services require Authorization? Yes No
    - i. If Yes, what is my **Authorization Number**? \_\_\_\_\_

It may be helpful for you to have service code for the most common service provided by Donna Hampton:

Psychotherapy 60 minutes: **90837** (typical Individual Counseling Session)