

Susan M. Knell, Ph.D., LLC
INSURANCE VERIFICATION FORM

Individuals (or parents/guardians of minor children) are responsible for the cost of services provided to them. If I am a provider on your insurance panel, I will bill the company for you. **You are responsible** for any insurance **deductible, co-payment or co-insurance** that your carrier does not cover.

In order to ensure that your sessions will be covered by your insurance policy, please contact the number on the back of your card. It should be listed under either Behavioral Health or Mental Health. If neither is listed, call the customer service number, and ask the representative for Out Patient Mental Health Benefits.

HERE ARE THE QUESTIONS YOU SHOULD ASK:

- Is Susan M. Knell, Ph.D., Licensed Psychologist in network with my plan **Y** **N**

- Do I have a deductible? **Y** **N** If Yes, \$ _____

- Have I met my deductible yet? **Y** **N**
(If you have *not* met your deductible yet, it is your responsibility to pay for treatment until your deductible has been met)

- Do I have a co-pay? **Y** **N** If Yes: \$ _____

- Do I have co-insurance **Y** **N** If Yes: _____%
(If you have co-insurance, you will be billed for your portion after it is determined what the insurance company portion will be. Most insurance companies do not pay the full billable rate. Instead they pay a lower, negotiated rate. The amount you pay will be a percentage of the insurance rate, not my billable charge).

- Do I have a limit to the number of visits per calendar year? **Y** **N**
If Yes: _____

- Do I need an authorization? **Y** **N** If Yes, can you give me one?
 - Authorization #: _____
 - Date range: from _____ to _____
 - Number of sessions: _____

This form is provided to help you plan for the financial responsibilities of psychotherapy. After you have received the information, please give me a copy, so that I can keep it in my records. If I can be helpful in this process, please do not hesitate to contact me.