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QUESTIONS FOR INSURANCE

Name: _____ Date: _____

Primary Insurance Company: _____

Relationship of Policy Holder to Client:

Self

Spouse

Child

Insured's ID #: _____

Insured's Group #: _____

If you are a DEPENDENT on another person's insurance policy please provide the following information:

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Holder's Address (if different from your own):

PLEASE BRING A COPY OF YOUR INSURANCE CARD TO THE FIRST SESSION

Steps to determine your benefits:

- Call the customer service number for your plan, typically found on the back of your insurance card (use the number for Mental Health if they have it).
- Ask about whether your plan includes coverage for outpatient mental health treatment.

If yes, inform them that you will be working with a provider who is empaneled with CareFirst BC/BS. You will need the information included in the header of this document (e.g., provider name, NPI number, etc.).

If you have a BC/BS plan other than CareFirst, ask them to determine whether my services will be covered (The answer is almost always "yes").

If no, you ***will not*** be able to use your insurance to pay for services. In this case, I would recommend contacting customer service a second time to confirm that the information you were provided during your initial inquiry was correct.

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