



ALISON C. SMITH, PH.D.
LICENSED CLINICAL PSYCHOLOGIST

2915 Hunter Mill Road, Suite 14, Oakton, VA 22124

VA License: #0810003934

NPI: 1063685287

Tax ID: 26-3072901

BLUECROSS / BLUE SHIELD
QUESTIONS FOR INSURANCE COMPANY

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.

< continue on next page >

If it is confirmed that my services will be covered by your BC/BS plan, ask the following questions:

What is my copay/co-insurance? _____

Does my copay change based on the number of sessions I have had? **YES** **NO**

If yes, please describe how my copays change based on the number of sessions.

Do I have an annual deductible that must be met? **YES** **NO**

If yes, has my deductible been met yet this year? **YES** **NO**

What is my annual deductible? _____

When does my annual deductible reset? _____

Do I need pre-authorization for services? **YES** **NO**

If yes ask whether you are able to request the pre-authorization for services or if the provider must make the request?

If you are able to request the pre-authorization, what is the authorization number?

If the provider needs to request the pre-authorization, what is the process for doing so (e.g., phone number, website, etc.)?

Are there a maximum number of visits allowed per year?

If yes, what is the maximum number? _____

Is there any other information I should know to ensure my insurance coverage for these services?

If yes, specify: _____

Record the name of the person you spoke with and the date of your telephone call.

Name: _____

Date: _____