



## Insurance Worksheet

# Presbyterian Counseling Center

430 Braddock Avenue, Daytona Beach, FL 32118 † 386-258-1618 † Fax 386-253-4215

### 1. Copy the following information from your insurance card into these spaces

Insurance Company \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Plan Member Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Group Plan Number \_\_\_\_\_ Member ID Number \_\_\_\_\_

Company Name \_\_\_\_\_

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

### 2. Call your insurance company before your first session

→ *for information* on your coverage & limits and

→ *to obtain authorization* for an appointment with your therapist.

Alexander J. (Lex) Baer, D.Min., LMHC

Virginia Bunnell Graham, PhD, Registered Art Therapist-Board Certified

Patricia Blakeslee, MA, LMFT, Registered Play Therapist

Cynthia Huberdeau-Jaeger, MA, Registered Mental Health Counselor Intern

**3. When you call**, be prepared for a lengthy wait. Write down the **date**, \_\_\_\_\_, then when you talk to them, **ask the following questions** and write down the answers.

Who am I talking to? \_\_\_\_\_

What is my Annual Deductible? \_\_\_\_\_

How many sessions may I have per year? \_\_\_\_\_

What is the maximum amount my insurance will pay per year? \_\_\_\_\_

My counselor's fee is \$110. What is my CoPay amount? \_\_\_\_\_

How much do you pay? \_\_\_\_\_

How many sessions are you authorizing? \_\_\_\_\_

Between what dates? \_\_\_\_\_

What is my authorization number? \_\_\_\_\_

**Note: If we are not on the panel**, insurance companies will sometimes authorize payments when the plan member asks for a therapist with a particular specialty because it is especially important to the plan member. Our specialty is Pastoral Counseling, which can be crucial when faith and belief is important for our clients.

4. If we do not have experience receiving payments from your insurance company, we ask that you continue to pay the full \$110 fee for each session at the time of service until we begin to receive payments from them. If those payments result in a credit on your account, we will be happy to refund the balance or adjust your future co-payments to reflect your account status.

I hereby assign all relevant health benefits to The Presbyterian Counseling Center, Inc. I understand that I am financially responsible for all charges whether or not insurance reimbursement is made, and I authorize the release of information necessary to obtain payment.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*