



Behavioral Health Insurance Verification Form

As a patient at Afg Guidance Center, you are responsible for contacting your health insurance company to confirm the details of your coverage. Being informed allows you to plan your health care accordingly and avoid unexpected bills.

Client: _____ Date of Birth: _____

Step 1: Call the customer service number on your insurance card and ask for a customer advocate. You will need to provide him/her with your child's name, birthday and your policy/group number.

Date of Call: _____ Representative Name: _____

Call Reference Number: _____

Step 2: Does your insurance company manage your mental health benefits or is another company subcontracted to manage my mental health benefits?

Name of company that manages behavioral health coverage and policy number if different from medical coverage: _____

Step 3: Is Afg Guidance Center in network for my behavioral health insurance? Yes No

If Afg Guidance Center is in network ask for **"In Network benefits."** If Afg Guidance Center is **"Out of Network"**, you will responsible for paying for the total cost of the services provided and may seek reimbursement from your insurance company. Ask what your "Out of Network Benefits" are as well as if you need a referral from a "PCP" for the assessment.

Step 4: Ask the below questions for **In Network** and **Out of Network** Benefits. (Circle one)

What is my Deductible Amount: _____

How much of my Deductible is paid to date: _____

Is there a Co-pay (due at the time of service and amount): _____

Is there Co-Insurance: Yes or No What % do I pay? _____

Afg Guidance Center
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 Office: 847-853-0234 Fax: 847-853-0230
 Email: Guidance@afgfamily.com
 Website: Afgfamily.com

Maximum # of visits per year: _____

Does my plan run on a calendar year? From _____ to _____

Exclusions of Coverage for patient: _____

Step 4: Is Out-Patient Psychiatry Services provided in an office setting covered? Yes No

CPT Codes for Psychiatry: 90792, 99212, 99213, 99214, 90833

Is Out-Patient Therapy services provided in an office setting covered? Yes No

CPT Codes for therapy: 90791, 90837, 90834, 90832

Is Out-Patient Psychological Testing, in an Office Setting Covered? Yes No

CPT Codes used for Testing: 96101, 96102, 96111, 96118, 96119, 96120

Is Out-Patient Neurofeedback Assessment & Therapy in an office setting covered? Yes No

CPT Codes for Neurofeedback: 95813, 95961, 95962, 90791, 90837

Step 5: Does my insurance require preauthorization for any of the above services?

If yes, please have a copy of the form faxed to **847-853-0230** or emailed to **guidance@afgfamily.com**. If an online copy of this form is available please ask for the website address and provide this information to your evaluator.

If authorization is required, therapy or testing cannot begin until the authorization form is completed. Failure to notify your evaluator of the need for authorization for services at Afg Guidance Center results in you assuming responsibility for the cost of the services provided.

Finally, verification of services or the authorization for services from your insurance company does not guarantee the payment of benefits. You can also ask your customer advocate to fax you a copy of your explanation of benefits for your review.

Signature of guarantor: _____ Date: _____