



# NewPoint of View Counseling

## Insurance Verification Form and Patient Information

Asterisk (\*) means required

### Patient/Subscriber Information

\*Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

City State Zip

\*Subscriber Name (if different from patient name): \_\_\_\_\_

\*Relationship to Patient: \_\_\_\_\_ Subscriber's Date of Birth (if different): \_\_\_\_\_

### Benefit Verification

\*Insurance Company Name: \_\_\_\_\_

\*Insurance I.D. Number (include letters): \_\_\_\_\_

\*Insurance Phone # Called: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Deductible: \_\_\_\_\_

Deductible Amount Met: \_\_\_\_\_ Copay: \_\_\_\_\_ Visit Maximum: \_\_\_\_\_

\*Authorization Required: Y N \*If YES, Authorization Number: \_\_\_\_\_

\*Start and End Dates of Authorization: \_\_\_\_\_

\*Specific Codes Authorized: \_\_\_\_\_

Mail Claims to:

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### **IMPORTANT – PLEASE READ:**

\*Items that have an asterisk next to them indicate required fields that must be completed prior to the first appointment. Some insurance companies require that Authorization is obtained no later than the day of the first appointment. If you are unable to call for authorization before your session, we will need to do so while we meet - this can take 15-30 minutes away from you being able to address the reasons you've come. Thank you for your understanding.