

# Jewell Counseling Services, PC

11319 P Street \* Suite 2A \* Omaha, NE 68137

Phone: 402-933-6677

## Determination of Client Outpatient Mental Health Benefits

Insurance Verification / Form for Clients

*\*Please use this form and call your insurance company to verify your insurance benefits. Bring this form with you to your appointment.*

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Therapist's Name: Michelle Jewell of Jewell Counseling Services, PC

**Insurance Information** (Please circle): **Primary**    **Secondary**    **Tertiary**

**MIDLANDS CHOICE INSURANCE:**

On Insurance card, there will be the name of another Insurance Company, known as Third Party Administrator. PROVIDE THE NAME HERE: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_

Subscriber/Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Subscriber/Policy Holder's Employer: \_\_\_\_\_

Subscriber/Policy Holder's SS#: \_\_\_\_\_

ID# on card: \_\_\_\_\_ Group#: \_\_\_\_\_

Benefits Phone: \_\_\_\_\_ Authorization Phone: \_\_\_\_\_

Other Information: \_\_\_\_\_

**B  
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Name of Insurance Contact/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ **HMO PPO POS** Out of Network benefits? Y N

Deductible: \_\_\_\_\_ Benefit year: \_\_\_\_\_ Deductible Met? \_\_\_\_\_

Individual Deductible remaining: \$ \_\_\_\_\_ Family Deductible remaining: \$ \_\_\_\_\_

Co-Pay: \_\_\_\_\_ Co-Ins: \_\_\_\_\_ Other: \_\_\_\_\_

Authorization required? Y N \_\_\_\_\_

\*\*Are there any excluded mental health benefits? (ie: Family sessions?) \_\_\_\_\_

\*\*Any excluded diagnoses? (ie: ADHD) \_\_\_\_\_

\*\*Is Authorization required for Psychological Testing: \_\_\_\_\_

Who (what credentials) can provide services? MD    PhD    LCSW    LMHP

**AUTHORIZATION**

Address for Claims: \_\_\_\_\_

What sessions are included on the Authorization? (Please circle all that apply):    90801    90806    90847

*\*Note: If an authorization is necessary before your first session, please call Michelle Jewell as soon as possible at 402.933.6677*

*\*Please bring this form with you to your appointment.*