Sarah Horvath, LCSW

Insurance Form 2019

Call your insurance company, ask these questions and verify benefits. Please fill out prior to first appointment.

1.Name of primary insurance company_____
Mental health customer service phone # _____
Policy ID # _____ Group # _____
Name of patient & date of birth: _____
Name and date of birth of policy holder_____

****MEDICARE and TRICARE POLICY HOLDERS – Skip to # 7, you don't have to answer questions 2 – 6 ******

2.Is Sarah Horvath, LCSW "IN-network" or "OUT - of network" for primary plan? In _____ Out _____
Are **mental health** benefits outsourced or contracted to a different insurance company? Yes ____No ____
If yes: Name: _____ Phone # _____
Is Sarah Horvath, LCSW, IN or OUT of network provider for outsourced insurance company? In ___ Out ____

3. **"In-network"** benefits:
Is there a mental health deductible? Yes ___ No ___ Is the mental health and medical deductible combined? Yes ___ No ___
Deductible for individual_____ Deductible for family_____
How much of the deductible has been met? Individual_____ Family_____
What is the co-pay/co-insurance amount? _____
Are couples or family therapy covered? Yes ___ No ___
Is prior authorization required? Yes ___ No ___ (If yes, see #5)

4. **"Out of network"** benefits: Are there any out of network benefits? Yes _____ No _____ (if no, skip to # 6)
Is there a mental health deductible? Yes ___ No ___ Is mental health and medical deductible combined? Yes ___ No ___
Deductible for individual_____ Deductible for family_____
How much of the deductible has been met? Individual_____ Family_____
What is the co-pay/co-insurance amount? _____
Are couples or family therapy covered? Yes___ No ___
Is prior authorization required? Yes ___ No ___ (If yes, see #5)

5.Is an authorization required? Yes _____ (if yes, ask for authorization) No _____
Number and type of sessions authorized_____
Authorization number: _____
Date authorization covers_____

6. Is there a "Multi Plan" insignia located on front or back of your insurance card? Yes _____ No _____

7. Is there a secondary insurance policy? Yes_____ No _____
If yes: Name_____ Policy # _____ Group# _____
Mental Health Customer service # _____

Notes_____
_____
_____
_____
_____

Fax (512-858-9001) information prior to first appointment or bring with you to first appointment.
Please provide copy of insurance cards, or we can make copies at our office for you.