



Lacey Horsman, MFT  
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### QUESTIONS TO ASK YOUR INSURANCE COMPANY

The name of the person to whom you are speaking \_\_\_\_\_  
Date of call \_\_\_\_\_ Time of call \_\_\_\_\_

Do I have an HMO \_\_\_\_\_ PPO \_\_\_\_\_ POS \_\_\_\_\_ ?

What are my mental health benefits?

Outpatient \_\_\_\_\_ Out of network \_\_\_\_\_  
Individual \_\_\_\_\_ Marital \_\_\_\_\_ Family \_\_\_\_\_

What is my deductible? \_\_\_\_\_

How much of it has been met? \_\_\_\_\_

How many visits per calendar year do I have? \_\_\_\_\_

When does the calendar year begin? \_\_\_\_\_

What is my co-pay for mental health visits? \_\_\_\_\_

Do I need a referral from my primary care physician? \_\_\_\_\_

Do I need an authorization number prior to my first appointment? \_\_\_\_\_

If so, what is the authorization number? \_\_\_\_\_

What form do I use to submit billing? Super bill \_\_\_ HCFA \_\_\_\_\_

Do I enclose the Super bill/HCFA with a company insurance form? \_\_\_\_\_

Does my plan cover therapy with a licensed California MFT, Marriage Family Therapist? \_\_\_\_\_

Is Lacey Horsman, MFT NPI #1720398704 in my Network? \_\_\_\_\_