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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? _____