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## Insurance Coverage Worksheet Effective 10/01/2015

In an effort to better sever you, it is important that you have a full understanding of your mental health coverage offered through your insurance company. This form has been designed to help you gather all of the necessary information to ensure proper billing. Typically, the number you need to call is located on the back of your insurance card. When calling, simply ask your insurance representative the following:

Deductible: Yes		No		
If yes, annual amount: \$_			_	
Amount of deductible met	so far \$_			
Co-Pay: Yes	No			
If yes, amount: \$				
Number of visits allowed a	nnually: _			
Authorization required: Ye	es		No	
If yes, authorization numbe	er:			
Number of visits approved:				
Dates of authorization:				
Claim mailing address:				