

INSURANCE VERIFICATION FORM

(Script to use when Contacting Your Insurance Company)

****PLEASE KEEP THIS, CALL, AND BRING TO YOUR NEXT SESSION**

If you have difficulty with any of this, please do not worry. Call us at 440 573-1010 or let us know at your next visit. We will be happy to assist you. This form is designed to minimize the chances that your sessions will not be covered by your Insurance as you are ultimately responsible for payment of your sessions. Thank you, and we look forward to working with you.

Thank you for choosing Psychological Solutions, LLC and Dr. Rich Weisberg as your Mental Health Provider. In order to insure that your sessions will be covered under your insurance policy, you will need to contact your insurance company by calling the phone number on the back of your insurance card listed for either *Behavioral Health* or *Mental Health*. In the event that there is not one listed, call the customer service number listed on the back of your card. Ask the representative to speak with someone regarding your *Outpatient Mental/Behavioral Health Benefits*.

Fill in this form and bring it with you to your first visit. If you did not receive this form until your first session, please ask the insurance company representative to *BACKDATE* the initial authorization (if one is required) to the date of your first face to face session with me and bring this form to your second session.

Notify the insurance company representative that you will be seeing Dr. Rich Weisberg at Psychological Solutions, LLC. Either Dr. Rich Weisberg or Psychological Solutions, LLC will be listed as the provider so if one is said to be "out of network," then ask for the other. If they still say I am out of network, let me know and I will talk with them as there are very few insurance panels that I have not joined and sometimes you can request that I join a panel I am not on.

Then, ask the following questions:

- (1) "Do I have a Deductible?" (an amount I must first pay before insurance will begin to pay anything for any claim): YES/NO (circle one)**
 - (a) If YES, "How much is it?" \$ _____**
 - (b) "Have I met my deductible for 2014 yet?" YES/NO If no, how much is left? _____**

Note: If NO, (you have not met your deductible for 2014 yet through visits to other doctors), you will be expected to pay for your sessions at the time of your session until you meet your deductible. Sometimes, if you have a

high deductible (e.g. \$1500), it can be easier to pay out of pocket on my sliding fee scale (ask me for details).

(2) "Do I have a co pay?" YES/NO (circle one)

If YES, "How much is it?" \$ _____

Note: If you do have a co pay (a fixed dollar amount paid at each visit such as \$15 per visit), you will be expected to pay that at the time of your visit. This will not be billed.

(3)

"Do I have Co-Insurance" (a split per cent between you and the insurance company for a negotiated fee charged such as 80/20 where the insurance company pays 80% of the fee and you pay 20%)?

YES/NO (circle one)

(a) If YES, "What is the per cent I am responsible for of the fee?" _____%

Note: If you have co insurance, you pay NOTHING at the time of your visit. We will bill the insurance company for your visit. Once we receive their payment for your visit (e.g., 80%) , we bill you for the difference (e.g. 20%) and the invoice will come from Psychological Solutions, LLC. We expect prompt payment of this co insurance amount so please plan accordingly.

The amount you owe will initially be seen when you get your Explanation of Benefits (EOB) statement from your insurance company, and it may contain more than one visit if you come a few times a month. You also may notice a "discount" or "write off" as insurance companies have "negotiated" rates that are lower than our standard fees. You do not need to pay the EOB from your insurance company. This is just a "heads up" so you know what you can expect to pay as your "co insurance." Wait for us to bill you for this.

(4) "How many visits do I have per calendar year?" _____

(5) "Do I need an authorization for my visits?" Yes/No (circle one)

NOTE: If YES, ASK

(a) "Can you give me one now or does my provider have to call to get this?" Yes/No (circle one)

AUTHORIZATION NUMBER _____

DATE RANGE GOOD FROM _____ **TO** _____

NUMBER OF SESSIONS AUTHORIZED _____

(6) "Where should my provider send the claims?"