Breakthrough
Mental Health Counseling

Insurance Verification Form
Print and complete prior to your intake session
You must contact your insurance company for some of this information
CONTACT YOUR INSURANCE PROVIDER PRIOR TO YOUR INTAKE SESSION

CLIENT INFORMATION:

Last Name: _____ First Name: _____ M.I. : _____

DOB: _____ Sex : _____

Address: _____

City: _____ State: _____ Zip:_____

Employer: _____

Phone: _____ Work Phone:_____

POLICY HOLDER INFORMATION (if different from client):

Last Name: _____ First Name: _____ M.I.: _____

DOB: _____ Sex: _____

Address:_____

City: _____ State: _____ Zip:_____

Employer: _____

Phone: _____ Work Phone:_____

Relationship to Client:_____

PRIMARY INSURANCE COMPANY INFORMATION:

Name of Insurance Company:_____

Address to Mail Claims:_____

_____

Phone Number for Authorization:_____

Policy Number/ ID Number: _____ Group Number:_____

1) Is pre-authorization required for mental health services (CPT codes 90791, 90837, or 90853)?
    a. Authorization Number: _____
    b. # Sessions Authorized: _____
2) In-Network Psychotherapy Co-Pay/Co-Insurance:$_____
3) In-Network Deductible: $_____
4) Have you verified that **Alexis Cleckner, LPC (NPI 1497121834**) is an in-network provider for this plan?

    Yes **No**

    a. if you have not verified OR Alexis Cleckner, LPC is not in-network, please be sure to understand your out-of-network benefits
5) Out-of-Network Psychotherapy Co-Pay/Co-Insurance:$_____
6) Out-of-Network Deductible: $_____

I authorize the release of any psychological information necessary to process my insurance claims. I authorized direct payment of healthcare benefits to Alexis Cleckner, LPC (Breakthrough Mental Health Counseling, PLLC) for any professional services provided by her. The signatures below are effective for the length of time that I am in treatment with Alexis Cleckner, LPC (Breakthrough Mental Health Counseling, PLLC) and for as long as it takes for the claims to be processed.

_____ _____

Client/Guardian Signature Date

_____ _____

Alexis Cleckner, LPC Date