

CROSSROADS INSURANCE CHECKLIST

Prior to your first visit you must call the phone number on the back of your insurance card and ask the following questions:

Patient Name: _____
Policy Holder: _____
Primary Insurance: _____
Secondary Insurance: _____

1. **What are my benefits for “in network out patient behavioral health”?**

Amount of copay/co-insurance? _____

How many sessions are allowed? _____

Do I have to satisfy a deductible/how much? _____

Are there 2 separate levels of benefits? Serious & non-serious? _____

2. **Do I need pre authorization before I can be seen by my therapist?**

If yes, what is the authorization # _____

Number of sessions approved _____

Name of rep & date of your phone call _____

3. **Is my therapist at Crossroads covered under my benefits package?**

If “No”, what are my “out of network” benefits? _____

Therapists Associated with Crossroads

Please use the tax id number listed below.

- | | |
|----------------------------------------------------------|---------------------|
| <input type="checkbox"/> Bryan Simmon, MA, LCPC | Tax ID # 46-0550438 |
| <input type="checkbox"/> Stephanie Strumberger, MA, LCPC | Tax ID # 46-0550438 |
| <input type="checkbox"/> Tim Swanson, MS, LCPC | Tax ID # 46-0550438 |

Address where insurance claims should be sent:

Procedure Codes:

90834– Individual Therapy _____

90847 – Family Therapy _____

90853 – Group Therapy _____

All information must be completed prior to your first visit.

***ASSIGNMENT OF BENEFITS /AGREEMENT
FOR PAYMENT***

I HEREBY AUTHORIZE payment to be made directly to Crossroads on any insurance benefits covering my care. I understand I am financially responsible to Crossroads for all charges that are not covered by my insurance company.

I give Crossroads permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account.

SIGNED: _____ Date: _____

WITNESS: _____ Date: _____