Mary Damkroger, Ph.D.
Christian Psychological Services

INSURANCE VERIFICATION FORM

Please fill out this insurance verification form in its entirety and bring it to your first therapy session along with a copy of your insurance card. This will make filing your insurance possible. Get an **authorization number** unless your plan states that precertification is not required. Please print legibly!

INSURANCE INFORMATION:
Patient: _____ Date of Birth: _____
Patient Address: _____
_____

Subscriber's Name: _____
Relationship to Patient: _____

INSURANCE COMPANY:
Name: _____
Policy/ID#: _____ Group ID#: _____
Phone #: _____
Billing Address: _____
_____
_____

MENTAL HEALTH BENEFITS:
Deductible $ _____
Co-pay $ _____
Visits Allowed Per Year _____ (Calendar Year Max)
Covered Therapies:
_____ Individual (90806)
_____ Marital/Family (90847)

PRECERTIFICATION:
Precert Required: Yes or No
Visits Authorized _____
Start Date _____ End Date _____
Authorization # _____