

## INSURANCE POLICY INFORMATION

Client Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Do I have out-of-network mental health benefits? \_\_\_\_\_

Is the credential of a Licensed Professional Counselor (LPC) covered? \_\_\_\_\_

Do I need pre-authorization of my therapist before being covered? \_\_\_\_\_

Is pre-authorization completed? \_\_\_\_\_

Is there a deductible for mental health benefits? \_\_\_\_\_

Is there a cap on fees? \_\_\_\_\_

Is there a session limit? \_\_\_\_\_

Is there a dollar limit? \_\_\_\_\_

Do they cover conjoint (couples) psychotherapy services? \_\_\_\_\_

Do they cover group psychotherapy services? \_\_\_\_\_

Insurance Group: \_\_\_\_\_

Date Starting Use of Insurance: \_\_\_\_\_

Month-to-Month Comprising Annual Policy: \_\_\_\_\_