

## Mental Health/Behavioral Health Insurance Benefits Verification Form

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. 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 and ask the representative to speak with someone regarding your Outpatient Mental/Behavioral Health Benefits.

This form, along with the intake form, needs to be completed and returned before your first visit. You can fax it to 850-361-4272, email to wyettedonovan@cox.net, or mail it to the address listed above. If you did not fill out this form before your first session, please ask the insurance company to BACKDATE the initial authorization (if one is required) to the date of your first session.

Please complete an insurance verification form for each insurance company you plan to use.

### Questions for your Insurance Provider

1. Do I have mental/behavioral health coverage?  YES  NO  
*If YES, continue to 2. If NO, other payment arrangements must be made.*

2. Is Wyette Donovan, MSW, LCSW an in-network provider?  YES  NO  
*If YES, go to In-Network Benefits section. If NO, Go to question 3.*

3. Do I have Out-of-Network benefits?  YES  NO  
*If YES, go to Out-of-Network Benefits. If NO, other payment arrangements must be made.*

### In-Network Benefits

A) What is my co-pay amount? \$ \_\_\_\_\_

B) Do I have a deductible?  YES  NO

C) If YES, What is the deductible amount? \$ \_\_\_\_\_

D) Have I met the deductible?  YES  NO

E) If NO, Amount left? \$ \_\_\_\_\_

*If you have not met your deductible, you will be expected to pay for your sessions until you do meet your deductible.*

