

MEDICAL INSURANCE BENEFITS (MENTAL HEALTH COVERAGE)

Medical insurance benefits are frequently used to help cover the costs of mental health care. Getting complete and accurate information prior to starting therapy is important. Please complete the following medical benefits questions and give this form to your therapist.

Please note: When you call the member service number on the back of your insurance card, ask your insurance representative to give you information on your **outpatient mental health benefits** for yourself, or for the designated client. The insurance representative will ask for the name of the person starting therapy, their date of birth, the primary insured person (who has the insurance through an employer, etc.) and the ID number (or Social Security Number) of the person seeking therapy. If there is more than one insurance covering the client, please identify which insurance is **primary**, and which insurance is secondary. Be sure to let your therapist know if there is double insurance coverage.

Write down all of the outpatient mental health benefits information, including the name of the insurance representative who gave the information to you and the date this was received. Ask the following benefit questions which pertain to outpatient mental health (some may not apply to your specific plan):

Client's Name _____ Member's Name _____

Representative's Name _____ Telephone Number _____
Effective date of your insurance plan _____ Date Received _____

Is Maple Grove Counseling Center an in-network provider for your specific plan? _____
(Maple Grove Counseling Center is a provider for most insurances.)

Do you have a deductible? _____ If so, how much has been met thus far? _____

Do you have an office visit co-pay? _____ If so, how much is the co-pay? _____

Do you have a co-insurance? _____ If so, what is the percentage you would owe? _____

Is an authorization needed prior to your therapy? _____ If yes, write down the authorization number given to you _____ and the effective date of this authorization _____, along with the expiration date _____

Do you have a maximum number of office visits available to you in a benefit year? _____
If so, how many? _____ Which month does your benefit year start? _____

Do you have an out-of-pocket maximum amount paid for medical expenses per year, at which point your insurance pays 100% of the allowed claims? _____ If so, what is the maximum amount you would pay? _____

Thank you for your help in clarifying your medical insurance benefits. This will result in more accurate claims processing and a better understanding of billing statements.

**MAPLE GROVE COUNSELING CENTER
13700 83rd WAY SUITE 205 MAPLE GROVE, MN 55369**

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By my signature below, I authorize payment of medical benefits to Maple Grove Counseling Center for services rendered to me and/or my dependents.

In addition, I authorize the release of any medical information to the insurance company which would be necessary to process medical claims for outpatient mental health services. This would include Diagnostic Codes and dates of therapy services rendered.

I understand that I am financially responsible to Maple Grove Counseling Center for the charges not covered by my insurance. I understand that the benefits quoted by my insurer are only an estimate, and not a guarantee of payment. If I am not covered by insurance, I will pay for services at the time that they are provided, unless other arrangements are made with my therapist.

Client (print name) _____ Date: _____

Client Signature _____

Please have your insurance card with you and available for your therapist to copy at your first appointment. Thank you.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

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