

date

/ /

Insurance Verification Form

tax id 32-0148712

Last name, first name, mi

DOB

/ /

Gender ?

O

Address

Pt. Relationship to Insured

Self

Spouse

Child

City

State

Zip

Phone

- -

Insurance co

ID

Group#

Mental HealthID if different

Subscriber name same? Subscriber Social

Dx code

CPT Codes

90791/90834

Use CRT Tax ID

Other tax id

Payor ID

Address for Claims

Deductible? Amount? Met? Preauth? Auth #

Y

N

Copay

visits/yr

Additional billing notes

Pay ID Quick List

- Aetna- 60054 Great West-80705 Magellan-01260
 - BCBS TX- 84980 Secure Hor-95959
 - Cigna Beh-02331 Humana-61101 tricare 38520
 - Cigna Med-62308 MHN-22771 UHC/UBH-87726
 - DivGrpAdm-25160 Pacificare-33053
- Revised 9-14-2012 Lt*