

INSURANCE VERIFICATION
(SRCC is an out-of-network, outpatient mental health center)

Spanish River Counseling Center
2400 Yamato Road
Boca Raton, FL 33431
(561) 241-9014

TO REQUEST BENEFITS: Call the Customer Service phone number on your insurance identification card. Ask for your "Out of Network" "Outpatient Mental Health Benefits." Have the following information available:

Date: _____ **Ins. Co. Contact:** _____
Ins. Co. Telephone _____ **Add'l Contact:** _____
Add'l Telephone: _____ **Add'l Contact:** _____

Therapist Name: _____ **Therapist Credentials** _____

They will tell you the following information, if they do not **ASK FOR IT.**

- (1) Effective date of coverage: _____
- (2) Amount of annual deductible:
\$ _____ per individual of which \$ _____ has been met
\$ _____ per family of which \$ _____ has been met
- (3) Is deductible combined with medical? Yes No
- (4) Insurance company will pay: _____% of reasonable & customary charges.
- (5) Maximum number of visits per year: _____

ASK "Is Authorization required?" Yes No
If yes, request authorization and record authorization: _____

ASK For how many visits? _____ Starting Date: _____ Ending Date _____

Make sure the authorization is for the specific therapist and his/her credentials.

ASK for the procedure to mail in a claim with a provider's receipt.
Request the Mailing Address for Claims: (*Often times the mailing address is different for mental health claims. Do NOT rely on the address on your insurance card*) Write it here:

TO FIND DOLLAR AMOUNT OF BENEFITS (*You may have to speak to the Claims Dept:*)
Ask this question: "If I give you the procedure code, the rate and the zip code, can you tell me if Spanish River Counseling Center's charge is within your allowance?"

Give the following information:

Procedure code: 90806 (Individual Psychotherapy 45-50 minutes)

Zip Code: 33431 Rate: \$125.00 . Note the rate they expect to pay : _\$ _____