

INSURANCE VERIFICATION FORM

Please fill out the following information completely. When calling your insurance company, ask for "Outpatient mental health benefits." Ask for each of the following items as well as confirming that Richard Bruce McCoy, PhD, Senior Psychological Examiner is a current covered provider for your company.

***DX:**

DATE:

CLIENT:

* to be determined
by Dr. McCoy

NAME OF PERSON WHO IS THE INSURED:

RELATIONSHIP TO THE CLIENT:

DATE OF BIRTH:

SOCIAL SECURITY #:

NAME OF INSURANCE COMPANY:

NAME OF COMPANY SERVICING MENTAL HEALTH CLAIMS:
(IF DIFFERENT)

ID#:

GROUP#

CUSTOMER SERVICE PHONE #:

DEDUCTIBLE:

AMT MET:

COPAYMENT:

IS AUTHORIZATION REQUIRED: YES NO

AUTHORIZATION #:

DATES AUTHORIZATION IS IN EFFECT: FROM :

TO:

NUMBER OF SESSIONS APPROVED:

NUMBER OF SESSIONS ALLOWED PER YEAR:

CLAIMS MAILING ADDRESS:

(For Mental Health, please verify over phone.)

To the best of my knowledge, the above information is correct and complete. I realize that I am responsible for payment of services should my insurance company pay differently than the benefits I have recorded here.

Signature: _____ Date: _____