

Insurance Verification Worksheet

North Shore Wellness Services, Ltd.
3000 Dundee Rd., #411 ^ Northbrook, IL 60062
www.northshorewellness.com (847) 205-0371

Use this page to communicate with your insurance company about coverage for mental health services.
Complete as much as you can on this form before calling the number on your card.

Insured's Name _____ Date of Birth _____

Client's Name _____ Date of Birth _____

Name of Insurance Company:

Phone:

Claims Address:

Insured's Name: ID #:

Plan/Group #:

Date & Time of call: _____ Name of person who takes your call _____

Say, "I'm calling to clarify my benefits and coverage for out-patient mental health."

Say, "Is my therapist, or their group, North Shore Wellness Services, Ltd., on the Participating Provider List?"

(Name your therapist; -- if you're working with BCBS/PPO, confirm if it's the GROUP (North Shore Wellness Services, NPI = 1073639126) or the INDIVIDUAL THERAPIST listed as a provider). The following therapists are included under the North Shore Wellness Services provider number with Blue Cross Blue Shield:

Victoria Manion Fleming, Ph.D., LCPC - Licensed Clinical Professional Counselor
Tracy McCafferty, MA, LCSW - Licensed Clinical Social Worker
Judy LeFevour, M.A., LCPC - Licensed Clinical Professional Counselor
Susan Sorkin-St. Louis, LCPC - Licensed Clinical Professional Counselor
Marianne Newman, LCSW - Licensed Clinical Social Worker

On the Panel ("In Network") _____ Not on the Panel ("Out of Network") _____

If your therapist is out of network, be sure to ask for "out of network" benefits. If your therapist is in network, be sure to ask for "in network" benefits.

"Can you tell me the benefit information for my provider?" (clarify in or out of network)

"What is my deductible?" Amount \$ _____ **"How much has been met to date?"** Met to date \$ _____

"Is that for family or individual?" _____ **"Is it per Calendar Year?"** Yes/No - Begins _____

"What is my Copay?" _____ **"Is that a fixed amount or percentage?"** _____

"What is the Effective Date of my policy?" _____

"How many visits am I allowed per calendar year?" _____ **"What is the lifetime maximum?"** _____

"Is Pre-authorization needed?" No/Yes If yes...

"What phone number can my therapist call to preauthorize sessions?" _____

Verifying benefits does not guarantee payment for services. If preauthorization is required, call your therapist immediately and make sure they know this before your first scheduled appointment!