

INSURANCE VERIFICATION FORM for Lisa Cottrell, LPC Well Being Psychotherapy, LLC

NPI for provider Lisa Cottrell, LPC 1720353659

TAX ID of Provider: EIN 464174831

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: ____/____/____ Phone: _____

Employer: _____

Insurance Information

Company Name: _____ Customer Svc or Behavioral Health Phone #: _____

ID or Policy No.: _____ Group No.: _____

Policy Holder's Social Security No. (if different from Patient): _____ - _____ - _____

Policy Holder (if different from Patient): _____ Relationship: _____

POLICY HOLDER'S DOB: _____ Please bring a copy of your ID card to the office.

INFORMATION RECEIVED FROM MY INSURANCE PROVIDER

Service: Outpatient Behavioral Health - In Office

for Service Code: 90837 - 60 minutes of individual psychotherapy

Date: _____ Spoke with: _____

Circle one: In Network Out of Network

Policy Effective date: _____ Co-pay Per Visit: \$ _____ Coinsurance Per Visit: _____

Deductible Amount: \$ _____ Deductible Met: \$ _____ Max Visits/Max Payable Per Year: _____

Out of Pocket Max Per Year: _____ Exclusions to policy: _____

Have I met my in-network deductible yet this year? _____ Met my Out of Pocket Maximum? _____

Notes:

Additional National Provider Identification (NPI): **1285065227** for practice: Well Being Psychotherapy, LLC