

Acclaim Behavioral Services, LLC

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South Windsor, CT 06074
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Patient Insurance Checklist

Patient Name _____ Name of Policy Holder _____

Policy Holder's date of birth _____

Please provide the following answers as they apply, by **calling the toll-free member services number** on the back of your insurance ID card. [usually under mental health or behavioral health services]

1. What is your co-payment for outpatient mental health services [per session] \$ _____?
2. Do you have a deductible? YES or NO If so, what is that amount \$ _____? To date, how much has been met? \$ _____
3. Do you need to obtain a pre-authorization? If so, please supply the authorization# _____
4. Do you need a referral from your primary care physician YES or NO ?

****Please also request from your insurance company:**

The number of sessions approved in initial authorization _____

The start and end dates of authorization (if applicable) _____

All of this information must be supplied in order to submit claims to your Insurance carrier. ***If you do not obtain this information or follow your insurer's procedures, any unpaid balance will be your responsibility. Also be certain to notify my office of any carrier/benefit changes throughout the year. New insurance will require all information to be updated.*** Thank you!

Signature of responsible party _____