



ELEMENTAL COUNSELING & CONSULTING, LLC

CREATING PATHWAYS FOR CONNECTION

Hello, Welcome to Elemental Counseling & Consulting!

My name is Natasha Finney, a Licensed Independent Marriage and Family Therapist and Licensed Professional Counselor. Please complete this Checking Insurance Coverage form before our first session; otherwise, you will be charged in full for the appointment. If you need to change your appointment date/time, please do not hesitate to contact me via phone at 234-281-2721 or email nfinney@elementalcc.com. You can read the Informed Consent and/or HIPPA prior to the appointment if you would like, and they are attached to the website www.familyconnectionofwadsworth.com

I look forward to meeting you!

CHECKING INSURANCE COVERAGE: 13 ESSENTIAL QUESTIONS TO BE COMPLETED BY CLIENT PRIOR TO FIRST SESSION

BEFORE CALLING INSURANCE: INFORMATION FROM INSURED / CARD

Client Name: _____ Client Birthdate: ____/____/____
I.D. #: _____ Group #: _____
Insured Name (if other than client): _____ Relationship to Client: _____
Insured's Birthdate: ____/____/____ Insured's Employer _____
Insurance Phone Number (The card may say "MH/SA Benefits," "Eligibility and Benefits," "Customer Service," or "Providers" _____

See 13 essential questions to ask your insurance company on following page.

THE CALL: WHAT TO ASK THE INSURANCE COMPANY

CALL DATE: ____ / ____ / ____
 REPRESENTATIVE NAME _____
 REFERENCE # FOR CALL _____

Request "outpatient behavioral health benefits."

1. Copayment and/or coinsurance	
2. Annual deductible (if applicable)	
3. Deductible met so far this year	\$ _____.
4. Are benefits in effect? When do they renew?	Effective: ____ / ____ / ____ Renews: ____ / ____ / ____
5. Sessions allowed per year	
6. Is pre-authorization required? (for some plans, authorization is needed only after a certain number of sessions)	No _____ Yes _____ Needed After Visit # _____ > If Yes: Auth#: _____ > # of sessions authorized _____ > Start: ____ / ____ / ____ Expires: ____ / ____ / ____
7. Claim form: Use CMS-1500?	Yes _____ No _____
8. Out-of-pocket maximum (amount client pays before the plan starts paying 100%)	
9. Claims address or electronic payor ID for MENTAL HEALTH or EAP claims	
10. Are CPT codes 90847 and 90846(couples/family therapy) covered?	Yes _____ No _____
11. Is Natasha Finney, IMFT, LPC a network provider for the plan? (NPI#171063910)	Yes _____ No _____
OUT-OF-NETWORK PROVIDERS:	
12. Are there out of network benefits?	Yes _____ No _____
13. Is Natasha Finney's license (IMFT) covered?	Yes _____ No _____