

Julie Hanson, LCSW
INSURANCE CHECKLIST

Print this and bring the completed form with you to your first appointment.

Prior to your first visit, you must call the phone number on the back of your insurance card and follow these steps to identify your insurance benefits.

Patient Name: _____

Policy Holder's Name: _____

Primary Insurance: _____

Insurance ID: _____

1. Give the insurance representative the appropriate credentials below:

Julie Hanson LCSW

NPI#: 1588071732

Tax ID: 47-2478036

2. Ask whether I am in network or out of network

For in network ask "What are my in network benefits for outpatient behavioral health?"

For out of network ask "Do I have any out of network benefits?"

record this benefit information:

Amount of co-pay / co-insurance? _____

How many sessions are allowed? _____

Do I have to satisfy a deductible/how much? _____

Are there 2 separate levels of benefits? Serious & Non-Serious? _____

3. Ask "Do I need pre-authorization before I can be seen by my therapist?"

If yes, what is the authorization # _____

Number of session approved _____

Name of rep and date of your phone call _____

4. Insurance Company claim address:

Common Procedure Codes:

90791 - Initial Appointment (55 min)

90837 - Individual Therapy (55 min)

90834 - Individual Therapy (45 min)

90847 - Family Therapy (45 min)