



Thank you for your interest in our clinic. We look forward to meeting you!

We have enclosed this insurance verification form for your convenience. We recommend that you contact your insurance company by using the number on your insurance card and ask the questions listed below and fill in the information on this form. This form was generated to help you better understand your insurance policy and coverage.

Insurance Company: _____ Phone: _____

Spoke To: _____ Date: _____ Time: _____

Patient Name: _____ Policy Holder Name: _____

Date patient became effective on policy: _____

Table with 2 main columns: Co-Pay and Deductible and Co-Insurance. Rows include Psychiatrist Office Visit, Co-Pay, Co-Insurance, Individual Deductible, Family Deductible, Out-of-Pocket Individual Amount, and Family Out-of-Pocket.

How will my insurance policy cover a mental health new patient office visit (CPT 99205)?

How will my insurance policy cover a mental health follow-up office visit (CPT 99215)?

Notes:

The items listed on the attached sheet are only an example of the codes that may be billed in our office. Payment is due at the time of services. Dr. Dalthorp is on many insurance panels and will bill your insurance for services. You are responsible for copays, deductibles, and services your insurance does not cover.