



Kevin Everett FitzMaurice, M.S., LPC  
 A Counseling Center, P.C.  
 3323 North 109<sup>th</sup> Plaza  
 Omaha, NE 68164-2908  
**Phone:** 402.573.7277 Ext. 206  
**Fax:** 402.573.7360  
**E-mail:** info@kevinfitzmaurice.com  
**Web:** www.kevinfitzmaurice.com



**INSURANCE BENEFITS/AUTHORIZATION QUESTIONS**

(v.7)

Client name: social security number:	
DOB: home phone number:	
Home address:	
Primary insured social #:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> spouse <input type="checkbox"/> child social #:
Employer name: group #:	
Insurance name and phone number: Correct phone # for mental health:	
<b>** CLIENTS STOP FILLING OUT HERE ** COUNSELOR WILL COMPLETE REST</b>	
Date and time called:	
Person spoken with:	
Outpatient mental health counseling covered?	<input type="checkbox"/> yes <input type="checkbox"/> no
Am I in the network?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Copay</b> amounts in network: Copay amounts out of network:	in network: _____ out of network: _____
<b>Deductible</b> amounts in network? Deductible amounts out of network?	in network: _____ out of network: _____
Deductible for each individual or family?	<input type="checkbox"/> yes each member separate deductible <input type="checkbox"/> no
Deductible for mental health & medical the same?	<input type="checkbox"/> yes <input type="checkbox"/> no they are separate
Deductible or some of it met already?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes then how much met?
Do they have coinsurance?	<input type="checkbox"/> yes <input type="checkbox"/> no Percentage or amount:
Pays % of charges in network: Pays % of charges out of network:	in network: _____ out of network: _____
Coverage limits \$ per year and lifetime:	Year: _____ Lifetime: _____
# of sessions per year and lifetime:	Year: _____ Lifetime: _____
# of sessions allowed per week/day?	<input type="checkbox"/> one per week <input type="checkbox"/> one per day <input type="checkbox"/> no limit
<b>Group</b> therapy coverage?: CPT 90853	<input type="checkbox"/> yes <input type="checkbox"/> no If yes then how much? \$
<b>Family</b> therapy coverage?: CPT 90847	<input type="checkbox"/> yes <input type="checkbox"/> no they cannot work on family with others
Family members covered?	<input type="checkbox"/> yes <input type="checkbox"/> no other members are covered
Calendar year starts January 01:	<input type="checkbox"/> yes <input type="checkbox"/> no it starts on:
Member since/effective date:	
<b>Precertification required?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no Precertification/authorization number:
Reauthorization required? # sessions before reauthorization due:	<input type="checkbox"/> yes and the number is: _____ <input type="checkbox"/> no there is none
Fax number for OTR/TP/TRF:	
Billing address:	