

Insurance Verification Form

Instructions: If you plan to use insurance benefits for your services, please call your insurance company prior to our first appointment in order to verify your coverage and then bring this completed form to your first appointment.

Date: _____

Insurance Name: _____ Phone Number: _____

Name of Person I Spoke With: _____

Subscriber Information:

Name: _____ DOB: _____

ID# or SS#: _____

Patient Information:

Name: _____ DOB: _____

Eligibility Effective Date: _____

Deductible: _____ How Much Met: _____

Copay: _____

of Visits Allowed: _____

Is Authorization Required? Yes _____ No _____

Authorization #: _____ How Many Sessions: _____

From: _____ To: _____

Mental Health Claims Address:

Ivy Heck

Licensed Marriage and Family Therapist (Lic. #52515)
424-254-4200 (phone)~310-540-4580 (fax)
4030 Palos Verdes Drive North, Suite #106
Rolling Hills Estates, California 90274
www.ivyheck.com