

CHRISTIAN WOLFF, Psy.A Licensed Psychologist Associate & Counselor
820 NW 21st Avenue, Suite B / Portland, OR 97209 / christian@christianwolff.com

INSURANCE INFORMATION - PART I (of 2)

Client's Name _____
DOB _____ SSN _____
Full Address (including ZIP) _____

Phone _____

Name of Policy Holder _____
DOB _____ SSN _____
Full Address (including ZIP) _____

Phone _____
Relation of the Policy Holder to the Client _____

Insurance Company _____ Phone _____
Full Address (including ZIP) _____

Employer, School or Organization of Policy Holder _____

Insurance ID # _____ Group # _____

Secondary Insurance (if any) _____ Phone _____
Full Address (including ZIP) _____

Name of Secondary Policy Holder _____
DOB _____ SSN _____
Secondary Insurance ID # _____ Group # _____

Client or Authorized Person's Signature: I authorize the release to my insurance company, any information necessary to process a claim. This may include clinical record information to my insurance company for the purpose of healthcare credentialing, utilization review, and quality assurance review. I also request payment of government benefits, if any, to the party who accepts the assignment. I authorize the payment of benefits to be made directly to Christian Wolff, Psy.A, Licensed Psychologist Associate for services rendered.

X _____ Date _____

Witness Signature (if required):

X _____ Date _____

Now, please complete INSURANCE INFORMATION PART II. Thank you.

CHRISTIAN WOLFF, Psy.A Licensed Psychologist Associate & Counselor
820 NW 21st Avenue, Suite B / Portland, OR 97209 / christian@christianwolff.com

INSURANCE INFORMATION - PART II

Before arriving for your first session, call your insurance company and gather the following information. Bring this in with you along with your other forms.

Date of call: _____ Time of call: _____

Name of the customer service representative: _____

Job title of the customer service representative: _____

Their ID#: _____ Their direct phone number _____

Questions to ask your insurance customer service representative regarding your benefits:

1. If you have BC/BS insurance, tell them: "My therapist is a Preferred Provider. If you have any other insurance, tell them: "My therapist is out-of-network." Do I have out-of-network privileges? This is important. It may affect the answers you get to these other questions.
2. Do I need pre-authorization?
3. Does my therapist have to submit a treatment plan?
4. Do I need re-authorization after a certain number of sessions? After how many?
5. Do I have a deductible? How much is it? How much has been paid on it so far?
6. Do I have a co-pay? How much is it per session?
7. Do I have to pay co-insurance? How much is it per session?
8. Fee cap: Is there a maximum amount my therapist may charge in order for you to reimburse him fully? That is, what is the cap on his fee for a 1 hour outpatient psychotherapy session (90806) on a covered diagnosis?
9. Will they pay for treatment by an Oregon Licensed Psychologist Associate? If they say no to this, simply make note of it and I will speak with them myself.
10. How many sessions am I allowed? Is that per year or every two years?
11. May I have a reference number for this call?

Record the information you receive from them here:

1. Do you have BC/BS insurance? _____ If yes, from what state? _____
If you do not have BC/BS, do you have out-of-network privileges? _____
2. Do you need pre-authorization? _____
3. Does a treatment plan need to be submitted? _____
4. Do you need re-authorizations? _____ How often? _____
5. Do you have a deductible? _____ How much is it? _____
How much of it has been paid so far? _____

6. Do you have a co-pay? _____ How much is it per session? _____
7. Do you have to pay a co-insurance? _____ How much is it per session? _____
8. Is there a fee cap? _____ What is it (the amount)? _____
9. Will they reimburse an Oregon Licensed Psychologist Associate? _____
Remember, if they say "no" or if there is any uncertainty, just write "no" or "uncertain" above.
10. How many sessions are you allowed? _____ every _____ year(s).
11. The reference number for my call is _____

I have been in touch with my insurance company and the above information is true and accurate to the best of my knowledge. The information above is based upon the answers I received from my insurance company.

| | |
|-----------|------|
| X | X |
| Signature | Date |

Survey (optional):

How long did it take to get this information? _____

Did you talk to a real person? _____

Was their automated system easy to understand? _____

Was the person you spoke with polite? _____

Did the person you spoke with seem knowledgeable? _____

Did they withhold information from you, tell you they didn't know, tell you that they couldn't give you the information, or that the information was not important? If so, please describe:

Were you transferred, told you had the wrong number, or given another number to call? If so, how many times did these things happen? _____

If you asked to speak with a supervisor, were you transferred to a supervisor in a polite and timely manner? _____

If you spoke to a supervisor, did the supervisor help you in a polite and knowledgeable manner? _____

Did you have to call customer service back at another time due to inability to get the information you needed? _____ How many times? _____

Any other notes regarding your experience with your insurance customer service, including positive experiences? _____
