

# Appleton Psychiatric & Counseling Center

477 S Nicolet Rd, Appleton, WI 54914

Office (920) 882-6610

Billing (920) 882-6612

Fax (920) 882-6611

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Responsible party: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group# \_\_\_\_\_ Exp Date: \_\_\_\_\_

For accurate information call the member services toll free number on your card. Make sure to ask about your **outpatient mental health benefits** and who is the mental health carrier. If possible try to talk to a human being, do not use the automated system. Please call us at 920-882-6610 after you obtain your benefits information and bring this form with you to your first appointment.

Name of insurance person \_\_\_\_\_ Date & Time: \_\_\_\_\_ Phone # \_\_\_\_\_

Tracking ID for the call or representative ID \_\_\_\_\_

1. Who is the mental health carrier? \_\_\_\_\_

Billing address: \_\_\_\_\_

2. How much is my deductible for mental health care? \$ \_\_\_\_\_ Amt met \$ \_\_\_\_\_

3. How much is my out of pocket for mental health care? \_\_\_\_\_ Amt Met? \_\_\_\_\_

4. Do I have a co-payment \$ \_\_\_\_\_ or a percentage \_\_\_\_\_% of the bill I will be responsible for?

5. Does my policy require pre-authorization for mental health services? Yes/No

Write authorization number here \_\_\_\_\_ Exp date: \_\_\_\_\_

6. How many mental health visits do I have # \_\_\_\_\_ Or up to \$ \_\_\_\_\_

7. Is psych testing a benefit? Y N Authorization required? Y N

8. Is an advanced psychiatric nurse practitioner (APNP) a covered provider? Y N

I understand that I am responsible for obtaining accurate information about my insurance benefits so that Appleton Psychiatric & Counseling Center can bill them correctly on my behalf. If the above information is inaccurate, I will be responsible for paying the balance for my visits to Appleton Psychiatric & Counseling Center.

If you need help or have any questions, please don't hesitate to call us at (920) 882-6612.