

CCA Insurance Verification

Please complete the top part of this form and email it to brittany@planocounseling.org or fax it to CCA at 972-422-2711 Attn: Brittany with a copy of the front and back of your insurance card if possible – otherwise just bring your card with you to your first appointment.

Therapist Name: Brittany Crim, M.A., LPC

Client Name: _____

Insurance Carrier: _____

Insured Name: _____ (Rel to Client: _____)

DOB of Insured: _____ DOB of Client: _____

Insured's Employer: _____

Home Address: _____ City: _____ Zipcode: _____

Policy/Plan #: _____ Group #: _____

Phone # for Benefits: _____

Insurance Plan: PPO _____ HMO _____ Other: _____

Date: _____ Spoke to: _____

Effective Date of Policy: _____ Pre-existing Clause? _____

Provider In Network? Y N Out of Network Benefits available? Y N

Copay Amount: \$ _____ Insurance Pays: _____ %

Deductible: \$ _____ Amount Met: \$ _____

Family Ded: _____ Amt. Met: _____ Max Visits: _____

Therapies Covered: Individual Group Family Marital

Precertification Required for Outpatient services? Y N

Percert. Phone #: _____

Spoke to: _____ Date: _____ Time: _____

Authorization #: _____

_____ Visits Authorized from _____ to _____ Update on: _____

Electronic ID Name: _____

For example Cigna PPO or Cigna Behavioral. All BlueCross is same.