



*Austin, TX*  
*737-781-3028*

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## **Preauthorization Health Insurance**

Before the first session, either you or I need to call your insurance or managed care company to receive an initial session authorization and to check your benefits. I am glad to make this call but to do so I need to know your full name, social security and member ID number, birthdate, and home telephone number. You may also make this call. Below are instructions to make the calling process easier. Please bring this information with you to the first session. Thank you.

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Step one is to call your insurance company to request an authorization number for outpatient mental health. On the back of your insurance card, the 800 number for mental health/substance abuse benefits is often different from the 800 number for medical benefits.

Use the following checklist to collect the information I need to file and be reimbursed by your insurance. For the first session, please bring your insurance card so I may make a Xerox of it for your file. I cannot bill your insurance without a copy of your insurance card. Thank you for your patience with this process.

(1) What is the authorization number?

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(2) What is the start date for the authorization?

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(3) What the end date for the authorization?

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(4) How many visits (outpatient psychotherapy sessions) are authorized at this time under this particular authorization number?

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(5) What is your total co-pay? Often the co-pay is higher to see an outpatient mental health counselor or other specialist. So clarify that you are quoted the co-pay charged to see an outpatient mental health counselor versus seeing a medical doctor, such as your PCP, for an office visit.

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(6) What is the full legal name of the patient authorized for treatment?

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(7) What is the patient's date of birth: DD/MM/YY?

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(8) Who is the policy holder? This may be different from the patient. The policy holder is the individual whose company is providing the insurance coverage, e.g., yourself, your spouse, your parent?

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(9) What is the policy holder's date of birth?

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Current address?

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Current employer

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Current insurance ID number

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Current insurance group number

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Social security number

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Telephone number

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Relationship to the patient (parent, spouse, etc.)

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