

D J Koehn Consulting Services Inc.

Tax ID: 51-0397251/ Group NPI: 1003329632/ D J Koehn NPI: 1700217429

Insurance Verification Sheet

Insurance Company Name: _____ Phone Number: _____

Subscriber's Name: _____ Date of Birth: _____

Subscriber's Social Security #: _____

Address: _____

Patient's Name: _____ Date of Birth: _____

Patient's Social Security #: _____

Relationship to Subscriber: _____ Employer: _____

Address: _____

Member ID: _____ Group #: _____

Co-Pay: _____ Co-Insurance: _____

Outpatient Mental Health Benefits

Effective Date of Policy: _____ Termination Date: _____ Pre-Existing Apply? _____

In/Out-of-Network with Provider? _____ PPO or HMO or Other _____

Calendar Year Plan: Yes or No Benefit Start Date: _____

In-Network Deductible: _____ How much met to date? _____

Out-of-Network Deductible: _____ How much met to date? _____

Out-of-pocket max for in-network: _____ Out-of-pocket max for out-of-network: _____

Lifetime max: _____ Amount Applied to max: _____

Maximum amount of visits per year: _____ How many used so far: _____

Therapy CODE	Precert req?	Pay Rate	Assessment CODE	Precert req?	Pay rate
90837 (53+ min)	Yes No		90791 (Intake)	Yes No	
90834 (38-52m)	Yes No		96101 (Psych)	Yes No	
90832 (16-37m)	Yes No		96111 (Develop)	Yes No	
90846 (Family)	Yes No		96118 (Neuropsych)	Yes No	
90853 (Group)	Yes No		96116 (Neurostat)	Yes No	
99404 (EAP)	Yes No				