

# Insurance Checklist

**\*Indicates a required field**

**This insurance check list is to help you become informed of your specific insurance coverage of mental health benefits. It is your responsibility as the client (or parent/guardian of the client) to have this information PRIOR to your first appointment with Blue Lotus Therapy Services LLC.**

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- **Call the phone number on the back of your insurance card.**
- **Ask the customer service representative for outpatient mental health benefits or behavioral health benefits.**
- **When you are asked for the provider's name, tell them Sarah Harrier if you are seeing Sarah, Rachel, Amanda, or Liani (the latter three are LLMFTs that bill under Sarah); if you are seeing April or Amber (who is an LLPC billing under April) please tell them April Pocalujka.**
- **You may be asked for the NPI Number (National Provider Identification Number). If that is the case, for Sarah, Rachel, Amanda, or Liani, tell them NPI Type 1: 1134420128. For April or Amber, NPI Type 1: 1700126182. The NPI Type 2 for the whole group is 1861051708.**
- **Please know that some insurance plans DO NOT COVER services provided by limited license therapists, while others do. It is your responsibility as the client, or parent/guardian of the client, to verify coverage by your plan before beginning outpatient mental health therapy services with Blue Lotus Therapy Services LLC.**
- **If you choose to not call your insurance company directly to find out the answers that this form requests, you as the client or parent/guardian of the client, are still financially responsible for the services provided.**

\*Please confirm the name of your insurance (i.e. Aetna, Blue Cross Blue Shield, Blue Care Network, etc).

\*Is the provider in network or out of network?

\*What is your in-network deductible?

\*What is the amount you have already met for your in-network deductible?

\*What is your out-of-network deductible?

\*What is the amount you have already meet for your out-of-network deductible?

\*What is your in-network co-pay amount?

\*What is your out-of-network co-pay amount?

\*What is your maximum out-of-pocket/stop loss amount for the year?

\*What is your maximum number of sessions covered per year?

\*Does your particular insurance plan cover sessions with providers under supervision (e.g. a limited license provider)?

\*Is authorization required? If the answer is yes, how is that obtained?

\*Are virtual visits covered by this policy?

\*What is the coverage and reimbursement rate for a code 90791?

\*What is the coverage and reimbursement rate for a code 90837?

\*What is the coverage and reimbursement rate for a code 90847?

Please list any additional information given to you that may be helpful for billing insurance.

**For record-keeping purposes, what is the name of the customer service representative who answered your questions? You may also wish to note the date and time.**