

RHONDA L. DAVIS, MDiv, MSW, LCSW
Psychotherapy and Pastoral Counseling

Checking Your In-Network Insurance Benefits

Client Name _____ Date Completed _____

I require that new clients check their insurance benefits before their initial appointment in order to determine the appropriate charges for counseling services. I am In-Network with MedCost/Carolina Behavioral Health Alliance (CBHA), Cigna, and many Blue Cross Blue Shield health plans. Checking your benefits does not guarantee payment. I can provide you a receipt and you may file for Out-of-Network benefits, as well. **Please understand that clients remain fully responsible for all counseling fees. It is only after your insurance company has made its first payment that you can be guaranteed the coverage amount.**

You will need to bring this completed form and your current insurance card to your initial counseling session.

1. Contact your insurance company at the customer service number (usually found on the back of your insurance card). When you contact customer service, let them know that you are calling to determine your mental health office visit benefits. This term simply means that you are asking about mental health benefits and that Rhonda Davis' Psychotherapy services are provided in an office setting, rather than in a facility or inpatient setting.

a. Your insurance company may require the following numbers for Rhonda Davis' services:

i. Tax ID # 82-4520738

ii. National Provider Identification # (NPI #) 1326547449

2. Make sure you receive the following information:

a. Is Rhonda Davis an In-Network Provider with MY plan? Yes No

b. Do I have a Deductible? Yes No

i. If Yes, how much? \$_____

ii. If Yes, has any of my Deductible been met? Yes No

iii. If Yes, how of my Deductible much has been met? \$_____

iv. How much remains BEFORE I meet my Deductible? \$_____

v. If I have not met my Deductible, what is MY Fee for Counseling? \$_____

c. When does this Deductible renew (January 1 or another date)? _____

d. Do I have a Co-Pay or Co-Insurance? Yes No

i. If Yes, what is the amount? _____

1. Co-Pay \$_____ OR Co-Insurance \$_____ OR %_____

e. Is there a limited number of visits per year? Yes No

i. If Yes, how many visits? _____

ii. If Yes, what is the Calendar Year (i.e. January –December, etc.)? _____

f. Do these counseling services require Authorization? Yes No

i. If Yes, what is my Authorization Number? _____

It may be helpful for you to have service code for the most common service provided by Rhonda Davis:
Psychotherapy 60 minutes: 90837 (typical Individual Counseling Session).

www.RhondaDavisLCSW.com

RLDavisLCSW@gmail.com

336-406-0017

SIGN _____