



### Insurance Verification Form

The following information must be provided to Meka Green **BEFORE** the first session, in order for counseling to begin:

- a) Call your insurance company (phone number on the back of the card).
- b) Ask your insurance company if you have **In-network Behavioral Health** coverage. *It is important you ask if you have behavioral health coverage-this is different from medical coverage.*
- c) The insurance company will ask the insured the following: relationship to insured (if other than self), date of birth, insurance ID number, and group number.
- d) If you have coverage, then please ask where your provider (Nicole Woodman) should send the claim for processing.
- e) You also need to know what your co-pay is (if applicable), deductible (if applicable) and % of deductible you have met, co-insurance and what your plan covers (limited or unlimited visits, etc.)

Name of Insured (If different than client): \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Claims Address (Where Meka Green (NPI 1073966347) should send claims):

\_\_\_\_\_

Plan Name: \_\_\_\_\_

Insurer's ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Number of visits authorized: \_\_\_\_\_ Co-pay: \_\_\_\_\_ Deductible: \_\_\_\_\_

% of Deductible met: \_\_\_\_\_ Co-insurance amount: \_\_\_\_\_

Covers: \_\_\_\_\_

Responsible party if insurance coverage is not authorized: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of responsible party

If there are any questions concerning the information requested, feel free to contact Meka Green at (602)920-5088 or email at [mgreen@neverthelessaz.com](mailto:mgreen@neverthelessaz.com).