

WE WILL GLADLY FILE YOUR INSURANCE FOR YOU, TO DO SO PLEASE CALL YOUR INSURANCE AND OBTAIN THE FOLLOWING INFORMATION AND PRE-AUTHORIZATION (IF NEEDED).
THANK YOU!

INSURANCE VERIFICATION

CLIENT _____ S.S. # _____ DOB ____-____-____

RELATIONSHIP TO THE INSURED... SELF - SPOUSE - CHILD

INSURED _____ S.S. # _____ DOB ____-____-____

EMPLOYER _____ INSURED I.D. NUMBER _____

INSURANCE COMPANY _____ INS. CUSTOMER SERVICE # _____

VERIFY THAT GARY GABBARD, L.P.C. IS AN APPROVED PROVIDER... YES - NO

IF NO, ARE OUT OF NETWORK BENEFITS AVAILABLE ... YES - NO

BENEFITS: EAP (EMPLOYEE ASSISTANCE PROGRAM)... YES - NO

MENTAL HEALTH COVERAGE...YES - NO

COUPLES COUNSELING...YES - NO

FAMILY COUNSELING...YES - NO

DEDUCTIBLE \$ _____ DEDUCTIBLE MET TO DATE \$ _____

CO-PAY \$ _____ CO-INSURANCE \$ _____

PRE-AUTHORIZATION NEEDED? YES - NO IF NEEDED THE PA NUMBER IS _____

NUMBER OF VISITS AUTHORIZED _____ START AND ENDING DATES OF PA# _____

ELECTRONIC PAYOR # OF INSURANCE _____