

**InSight Psychology and Behavioral Health Services LLC  
Insurance and Contact Form**

Patient Information Form				Provider Name: _____			
First Name		Last Name		MI	Date of Birth		Sex: Male___ Female___
Mailing Address			Apt	City		State	Zip
Marital Status (circle one) Single Married Widowed Separated Divorced N/A				Mother's Name if Minor Patient		Father's Name if Minor Patient	
Home Phone		Work Phone		Mobile Phone		Email Address	
Emergency Contact	Emergency Contact Address			City	State	Zip	Relationship to Patient
Insurance Information (Be sure to include "all" insurance coverage).							
Primary Insurance Company		Policy Number		Group Number		Effective Date	Employer
Primary Insurance Phone Number:							
Insured's Name		DOB	Insured's Address		City		State Zip
Home Phone		Work Phone		Mobile Phone		Email Address	
Primary Insured's relationship to patient:							
Secondary Insurance Company		Policy Number		Group Number		Effective Date	Employer
Secondary Insurance Phone Number:							
Insured's Name		DOB	Insured's Address		City		State Zip
Home Phone		Work Phone		Mobile Phone		Email Address	
Secondary Insured's relationship to patient:							
FOR OFFICE USE ONLY (PATIENTS/CLIENTS DO NOT COMPLETE THIS SECTION)							
Provider NPI		Is pre-auth required to begin using benefits? United Health always requires pre-auth for 90837				Maximum number of visits?	
Deductible? Yes No	Individual Deductible		Family Deductible		Has deductible been met?		
Copay?		Individual Out of Pocket			Family Out of Pocket		
Obtain a Reference Number from Representative:							
Procedure Codes							
90791-Initial Intake		90837-Individual Therapy 60min		90834- Individual Therapy 45min		Telehealth Modifier - 95 add to all codes (ex: 90834-95) Medicare Modifier - GT	
90846- Family therapy without patient present				90847- Family therapy with patient present			
96130,96131-Psy Eval Svc				96136,96137-Tst admn/scorn (psy eval) * 96146-Single Compter tst			
							Form Rev 3/15/20