



Family Ties
Counseling

Cindy R. Richman, M.A., L.P.C.
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Insurance Verification Form

Insurance can be confusing. The following is available in order to help you make sense of your coverage, and ensure that you will not have any financial surprises. *Please verify your benefits and coverage with your insurance company PRIOR TO THE FIRST SESSION.*

It is your responsibility to ensure that we are in network and what your benefits are.

Please bring this completed form to your first session. While it may be a pain to complete, it will protect you in the long run from unexpected bills.

Date of Call: _____ Name of Contact: _____

Is Cindy Richman with Family Ties Counseling, Inc. is **IN NETWORK**? Yes No

Are mental health benefits provided? Yes No

If not in network, are Out-of-Network benefits allowed? Yes No

If Out-of-Network benefits are allowed, what is the procedure to bill for services?

If in network, verify the following:

Effective date of the insurance policy: _____

Is there a deductible, and if so, what is the amount: \$ _____

On what day does the deductible reset? _____

If there is a deductible, how much is the deductible: \$ _____
how much has been met to date: \$ _____

If there is a co-payment, what is the cost for mental health counseling? \$ _____ per session.

Is there a co-insurance, and if so, what is the amount? _____

Is pre-authorization required? Yes No If yes, make sure you bring the paperwork with the authorization and authorization numbers with you to the office.

Is there a limitation of sessions per the policy? If yes, how many per year? _____

Is marriage counseling a covered benefit (if so desired)? Yes No

Is telehealth a covered benefit under your plan? Yes No

