

Insurance Form

If you plan on using your health insurance to cover my services, please complete this form and bring it to your first appointment.

1. I accept the following plans as an in-network provider. Please circle your insurance plan:

Anthem Blue Cross

Blue Shield of California

Aetna

Magellan

2. Please answer the following questions about your insurance plan:

a.) Does your plan cover outpatient psychotherapy?

b.) Am I an in-network or an out-of-network provider under your plan?

c.) Do you have a deductible? If so, what is the amount? How much of it has already been reached.

d.) Do you have a copay or coinsurance? If so, what is the amount/percentage per session?

e.) How many psychotherapy sessions are covered by your insurance plan a year?

3. I accept other PPO plans as an out-of-network provider. Please contact your plan to find out if they cover out-of-network behavioral health services. If you choose to use your insurance, I will provide a statement for you that you would be able to submit to your insurance company for partial reimbursement.

Please feel free to call me with any questions regarding this form. Thank you, and I look forward to working with you!