## **Art Therapy Insurance Verification**

## **Client Information** Full Name Date of Birth Phone Number **Insurance Information** Insurance Company Member ID Group Number **Customer Service Phone** Insured's Name Relationship to Insured **Plan Details** Plan Type Effective Date

Deductible (Individual/Family)

Deductible Met
Со-рау
Co-insurance (%)
Out-of-Pocket Maximum
Art Therapy Coverage
s Art Therapy Covered?
CPT Codes Covered
Session Limits
Authorization Required?
Notes