

Out-of-Network Insurance Verification Sheet

Client Information

Name	Date of Birth
Phone Number	Email

Provider Information

Provider Name	NPI
Tax ID	Service Address

Insurance Information

Insurance Company	Phone Number (Provider Line)
Subscriber Name	Member ID
Group Number	Relationship to Subscriber

Benefits Information

Does policy cover out-of-network?
Deductible (Individual/Family)
Deductible met?
Coinsurance after deductible
OON Out-of-pocket max
Preauthorization required?
Number of sessions/year allowed
CPT Codes covered (90791, 90837, etc.)
Rate of reimbursement (allowed amount)
Claim Submission Address / Fax
Other notes/requirements

Representative Information

Date Called	Reference number
Spoke With	

Additional Notes
