



LAKE GENEVA WELLNESS CLINIC, LLC

Ph: 262-248-7942 Fax: 262-248-1202

INSURANCE BENEFITS WORKSHEET FORM

As a courtesy, our office will file for reimbursement with your insurance carrier, however, the ultimate responsibility for payment of your account is yours or if you are a minor, your parent or guardian if you are under guardianship.

Before your first appointment, please contact your insurance company to get answers to the below questions about your insurance benefits. While some of this information might be on your insurance card, you may still need to talk with a customer service representative or a mental/behavioral health representative to clarify coverage or to get preauthorization for use of your mental health benefits.

Remember, you are ultimately responsible for your bill. Getting accurate information about your insurance coverage now is important to help you understand your benefits and avoid confusion and financial problems later.

This worksheet will be handy to use when you contact your insurance representative.

Here is a list of **the information you will need before you talk to your insurance company** representative:

- Your name
- Your birth date
- The name of your insurance carrier
- The subscriber of the policy and their birth date
- The group or subscriber number
- Your ID number
- The insurance company phone number (usually found on the back of the insurance card)
- The name of the Lake Geneva Wellness Clinic therapist you are going to see

Your insurance company representative **may want to know the following information about Lake Geneva Wellness Clinic** and your therapist to help clarify your benefits:

- Lake Geneva Wellness Clinic is an outpatient mental health clinic.
- Names and credentials of our providers:
 - Erika Fountain, MA, LPC, AODA, NCC
 - Duanne Lafrenz, MSW, LCSW
 - John Noyer, MS, LPC
 - Robert Barnett, M.Div, MA, LCPC, LPC
 - Kendra Sandberg, LMSW

Questions to ask your insurance company representative:

1. Is my insurance company an HMO, PPO or a standard plan?
2. Is my MCPST therapist and/or MCPST covered by my insurance plan?
3. Do I need a referral or prior authorization before I receive services and at intervals as I receive services? If yes, how do I get these?
4. What are my outpatient mental health benefits?
5. Is there a specific number of visits, dollar amount limit per year or time frame within which I have to use the sessions? If yes, when do my benefits start up again?
6. Do I have a co pay or deductible? How much?
7. Is there any mental health services not covered? (i.e., marital therapy or sexual therapy)
8. Does my policy change mental health benefits when the policy renews?