

Balance & Thrive  
Insurance Information

Client's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holders DOB: \_\_\_\_\_

Policy Holder's Place of Employment: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy# \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Behavioral or MH Number if Available

X \_\_\_\_\_ Date : \_\_\_\_\_ I give Balance & Thrive Authorization to check my insurance.

Below line for office only

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Date Checked: \_\_\_\_\_ Name of Person Checking: \_\_\_\_\_

Call Reference #: \_\_\_\_\_ Representatives Name: \_\_\_\_\_

Insurance Address to submit Medical Claims: \_\_\_\_\_

**Benefits Out of Network:** Individual Deductible: \_\_\_\_\_ Family Deductible: \_\_\_\_\_

Individual Deductible Met: \_\_\_\_\_ Family Deductible Met; \_\_\_\_\_

Out of Pocket Maximum/ Percentage Covered: \_\_\_\_\_ / \_\_\_\_\_

Sessions Per year: \_\_\_\_\_ Percent Covered by Insurance: \_\_\_\_\_

Payer ID \_\_\_\_\_ Effective Date: \_\_\_\_\_ Plan Name \_\_\_\_\_

Authorization Required: \_\_\_\_\_ Authorization# \_\_\_\_\_

CPT                      Is it covered

90791 Intake      Yes/No      \_\_\_\_\_

90834 45/Indiv      Yes/No      \_\_\_\_\_

90847 Fam/CI      Yes/No      \_\_\_\_\_

90846 Fam/no CI      Yes/No      \_\_\_\_\_

90853 Group      Yes/No      \_\_\_\_\_

90837 60/Ind      Yes/No      \_\_\_\_\_

90832 30/Ind      Yes/No      \_\_\_\_\_

Telehealth yes or no. If yes code to be used: \_\_\_\_\_

Does client have to provide authorization? Yes/No