

The Rested Mind, LLC

Patient Insurance Information and Benefits Verification Form

This form is used to review your health insurance policy coverage and help us determine if we are covered under your policy for your visit.

Completion of this form will not guarantee your approval for medications or therapy. Also, completing this form does not guarantee that your insurance company will pay for services rendered. Should your health insurance provider deny payment for any services, you will be responsible for the charges. We cannot be held liable for any incorrect information provided to you by your health insurance provider.

Instructions for completing this form:

1st ---- Complete the following with the information from your health insurance card:

Patient Name:

Patient Date of Birth:

Insurance policy ID #:

About the subscriber (the insurance company will ask us for this information when we call or bill time):

Insurance Name :

Group Number:

Subscriber's Employer:

Employer Address & phone #:

Subscriber Name:

Subscriber Date of Birth:

Subscribers SS #

2nd ---- Call the toll-free Customer Service number on your insurance card.

Tell the representative that you would like to check to see if our facility (The Rested Mind) is in network. If we are not, you can ask about your "out of network benefits".

Please get an authorization number for the visit if one is available.