

Thrive Therapeutic Services, LLC.
2656 W. Montrose Ave, Ste # 106, Chicago, IL 60618
Phone (773)463-1200 Fax (773)463-1201 Katie@thrivetherapeuticservices.com

Insurance Verification

Please call your insurance company to verify your benefits prior to your first visit at Thrive Therapeutic Services. Behavioral health is often a special situation for insurance and your policy. Asking the following questions will give you a reasonable understanding of how your insurance will cover the payments.

Patient Name _____ Date of Birth ____/____/____
Insurance Company _____
Plan Name _____
ID _____ Group # _____
Primary Card Holder Patient **Y / N** : If no, who is _____
Relationship _____ Date of Birth ____/____/____
Date and time called _____ Reference # _____

Please ask the following questions for Behavioral Health:

Is Behavioral Health covered? **Yes No** if no, skip rest of form.

If yes, is it covered by a "carve out" to another company? **Yes NO**

If yes, Company Name _____

Address _____

Phone Number _____

Policy Effective Date _____

Deductible per calendar year _____ Amount met _____

Policy year begins on January 1st? **Yes No** If no, when? _____

Is there a pre-existing condition on this policy **Yes No**
if yes, when does it expire? ____/____/____

Does plan require pre authorization/pre notification/ or pre certification? **Yes No**

Is a primary care physician referral required? **Yes No**

How are outpatient office visits covered (in-network)?

Copay: _____ Coinsurance%: _____ Max Benefit Amt \$ _____ Max # Visits/Year _____

How are outpatient office visits covered (out-of-network)?

Copay: _____ Coinsurance%: _____ Max Benefit Amt \$ _____ Max # Visits/Year _____

Is Thrive Therapeutic Services, LLC (NPI#1568694578) in MY network? **Yes No**

If no: If I have sessions and Thrive later becomes approved will my previous sessions be covered? **Yes No**

Sign: _____ Date: _____

If you are able, please email or fax this form to us prior to your first session. Thank you!