

Clinical & Forensic Psychological Services of IN, PC

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**Clinical and Forensic Psychological Services
Patient/Consultee Registration and Insurance Verification Form**

Please complete the form in its entirety and bring it to your first appointment

Patient Name: _____ DOB: _____

Patient's SS#: _____

Male ___ Female ___ Marital status: _____

Address: _____ E-Mail _____

Tel. #: (Home): _____ (Work): _____
(Cell): _____

Name of insured/guardian: _____

Guardian address: _____

SS# of insured/guardian: _____

Employer of insured/guardian: _____

DOB of insured/guardian: _____

Relationship of insured to patient: _____

YOU MUST CALL YOUR INSURANCE FOR THIS INFORMATION

Primary insurance:

Insurance Company: _____ Phone: _____

I.D. Policy #: _____ Group#: _____

Effective date: _____

Employer of insured: _____ DOB of insured: _____

Social Security # of Insured: _____

Address where insurance claims are sent: _____

What is your deductible?: _____

Has the deductible been met? _____ If not, how much has been met? _____

Pre-authorization required?: _____ Co-pay required? _____

Insurance year: _____ to _____ Yearly maximum: _____

of sessions covered: _____

Secondary insurance:

Insurance Company: _____ Phone: _____

I.D. Policy #: _____ Group#: _____

Effective date: _____

Employer of insured: _____ DOB of insured: _____

Social Security # of Insured: _____

Address where insurance claims are sent: _____

What is your deductible?: _____

Has the deductible been met? _____ If not, how much has been met? _____

Pre-authorization required?: _____ Co-pay required? _____

Insurance year: _____ to _____ Yearly maximum: _____

of sessions covered: _____

It is important that you, the insured, contact your insurance company for benefit information. Insurance companies may require pre-authorization. You must contact them to obtain such information, if so required. Failure to contact them may result in decreased benefits.

Please note that Drs. Ross and Mayle are providers for Anthem Blue Cross/Blue Shield. We are not providers for Medicaid, Medicare, Lutheran Preferred, Cigna Sagamore, or PHP.

If we are not providers for your insurance plan, you may be eligible for out-of-network benefits. The appropriate documentation will be provided to you for submission to your insurance company for reimbursement.