



A Better You Counseling Services, LLC

I am in network with the following Blue Cross Blue Shield Plans:

- *Blue Choice Healthcare Plan (HMO) and Blue Choice Option (POS)
- *Blue Open Access HMO and Blue Open Access POS
- *Blue Choice Preferred Provider Organization (PPO)
- *Indemnity (PAR) network
- *Pathway

Prior to your appointment, please call BCBS to find out:

1. If you have mental health benefits.
2. If you have a deductible that you have to meet.
3. If you have to have a referral or sessions require precertification.
4. To find out what your copay amount is.

Please fill out the following information:

Insurance Company: _____

Insurance company phone number: _____

ID number: _____ Group number: _____

Effective Date: _____

Referring Physician (if needed): _____

Referring Physician's NPI (if needed): _____

Insured Person (who is the primary insurance holder): _____

Patient's relationship to the insured (circle one): SELF SPOUSE CHILD OTHER _____

Insured's Full name: _____

Insured's Street Address: _____

Insured's City, State, and Zip Code: _____

Insured's Phone number: _____

Insured's date of Birth: _____

Insured's Gender (circle one): Male/Female

Insured's Employer: _____

Do you have a deductible? _____

If yes, has it been met? _____

What is your mental health co-pay? _____

Do you have a visit limit? _____

Is Precertification Required? _____ If yes, by whom? _____