

# Heron Ridge Associates, PLC

## Insurance Benefit Verification Form

*Client Name:* \_\_\_\_\_

1. Call the toll free number on the back of your card.
2. Ask for “Outpatient Mental Health Benefits” or “Behavioral Health Benefits”
3. If coming in for Substance Abuse Treatment or the Substance Abuse Intensive Outpatient Program, ask for “Substance Abuse Benefits” OR for the Substance Abuse Intensive Outpatient Program (IOP) you need to know specifically if it is a covered benefit AND if it requires authorization.
4. When asked for the provider’s name, tell the person “Heron Ridge Associates.” (NOT Affiliates)
5. You may be asked for the “NPI number” (the National Provider Identification Number.) This is another way the insurance company can identify Heron Ridge Associates. Give them the NPI number for the office at which you are seen.

Ann Arbor	1740450279
Bingham Farms	1013187541
Clarkston	1447357140
Plymouth	1295905727

6. Ask for the following information and record it here: *Date/Time* \_\_\_\_\_

*Person’s name that you spoke with:* \_\_\_\_\_

\*Deductible: In-Network: \_\_\_\_\_ Out-of-Network: \_\_\_\_\_  
Amount Met: \_\_\_\_\_ Amount Met: \_\_\_\_\_

\*Co-pay: In-Network: \_\_\_\_\_ Out-of-Network: \_\_\_\_\_

\*Maximum out of pocket/stop loss amount per year: \_\_\_\_\_

\*Maximum number of sessions per year: \_\_\_\_\_

\*Is authorization required: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Additional information given to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claims Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

