**Trinity Center, Inc.**
**Checking Your In-Network Insurance Benefits**

Client Name: _____ Date Completed:_____

Trinity Center requires that new clients check their insurance benefits before their first appointment in order to determine the appropriate charge for services. We are in network with most Blue Cross Blue Shield plans excluding Blue Value. If your plan is not in network, please see the Checking Your Out-of-Network Benefits form on our website. Checking your benefits does not guarantee payment. It is only after your insurance company has made its first payment that you can be guaranteed the coverage amount. **You will need to bring this completed form and your current insurance card to your initial session.**

1.  Contact your insurance company at the customer service number (usually found on the back of your insurance card). When you contact customer service let them know you are calling to determine your **mental health office visit** benefits. This term simply means that you are asking about mental health benefits and that Trinity Center is an office setting, rather than a facility or inpatient setting.

    > Your insurance company may require the following numbers for Trinity Center:
    >
    > Tax ID # 56-1337065          National Provider # 1700892478

2.  Make sure you receive the following information:

    a.  Is Trinity Center an in-network provider with my plan? _____

    b.  Do I have a deductible? _____ How much? $_____

    c.  If yes, has any of the deductible been met? _____ How much? $_____

    d.  When does this deductible renew (January 1 or another date)?

        _____

    e.  Do I have a copay or co-insurance? What is the amount?

        Copay $_____ or Co-insurance _____%

    f.  Is there a limited number of visits per year? _____ How many? _____

    g.  Do these services require authorization? _____

        If yes, what is my authorization number? _____

It can be helpful to have service codes for the most common services provided at Trinity Center:

**Counseling/Testing CPT Codes:**
Psychotherapy 60 min. 90837 (typical individual counseling session)
Family/Couples Therapy 90847 (family/couples counseling session)
Psychological Testing 96101 (testing services with a psychologist)

**Psychiatrist CPT Codes:**
Psychiatric Evaluation with Medical Service 90792 (initial session with a psychiatrist)
Office/Outpatient Visits 99213 or 99214 (follow up sessions with a psychiatrist)