TAX ID 587 26 5225 | Dr. Patricia A. Brawley | NPI 101 390 8243

# Dr. Patricia A. Brawley
## Verification Form

_X_ OUT OF NETWORK ____ IN-NETWORK ____ SCA AVAILABLE ____ NO BENEFITS

EMPLOYEE: ____________ CHECKED BY: ____________
DATE: TIME: REFERENCE #

PATIENTS NAME: ____________ *M / F* DOB: ________ SS# ________
ADDRESS: ____________ PHONE: ________
CITY: ____________ STATE: ____ ZIP: ________

INSURANCE CO: ____________ TELEPHONE: ________
COMPANY REP: ____________
INSURANCE ID #: ____________ GROUP # ________ TYPE OF PLAN: ________

CAL YEAR DED: AMT DED MET: ADM FEE:
OUT OF POCKET: AMT OOP MET: DED INC IN OOP:
WHAT TYPE OF COUNSELING BENEFITS DOES THIS POLICY COVER?

MENTAL HEALTH/ PSYCHIATRIC COUNSELING BENEFITS
% TO OOP

DO BENEFITS COVER A PSYCHOLOGIST?

EFFECTIVE DATE OF POLICY: ________ PRE-EXIST: ________
DEPENDENT CRITERIA: ________ SELF INSURED: ________ FULLY FUNDED: ________
ANY POLICY MAXIMUM ($ OR DAY)? ________
MAX # OF VISITS PER YEAR?________ USED:________
ARE THERE SEPARATE BENEFITS FOR ALCOHOL VERSES DRUGS? ________
DOES PHYCHOLOGICAL TESTING REQUIRE PRE-AUTHORIZATION? ________
DO YOU REQUIRE ANY SPECIAL LICENSE?
IS A DR. REFFERAL REQUIRED?

PENALTY FOR NOT PRECERTING: ________
MAIL CLAIMS TO: ________ ADDRESS: ________
CITY: STATE: ZIP:

**SPECIAL NOTES:**