



AHWI Psychology Group

5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax

INSURANCE VERIFICATION

Personal Information

First Name: _____

Last Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: ____ / ____ / ____

Social Security #: ____ - ____ - ____

Insured Information

First Name: _____

Last Name: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: ____ / ____ / ____

Social Security #: ____ - ____ - ____

Employer: _____

Insured's Relationship to Client: _____

Insurance Information

Insurance Company: _____

Representative: _____

Phone #: _____

Policy ID: _____

Group ID: _____

Policy Effective Date: ____ / ____ / ____

Policy Type: PPO HMO POS Other

Coverage Information – OFFICE USE ONLY

Outpatient Health Benefits	Yes	No	Authorizations Required for:		
Out-of-Network Benefits	Yes	No	90801 (new patient)	Yes	No
Copay Amount:	\$	_____	90805 (medication management/therapy)	Yes	No
Deductible amount	\$	_____	90862 (medication management)	Yes	No
Has deductible been met?	Yes	No	Authorization #:		
Other Out-of-Pocket Expense	\$:	_____	Number of visits approved:	_____	
Notes:			Authorized Start Date:	____ / ____ / ____	
			Authorized End Date:	____ / ____ / ____	
			Number of visits per year allowed:	_____	
			Plan's lifetime maximum benefit:	_____	