

**INTEGRATIVE PSYCHOLOGICAL SERVICES OF SEATTLE**

Your medical insurance may not cover psychological testing since it does not usually meet insurance company definitions of medical necessity. However, if you would like to use insurance, I will bill your insurance company for you. In order for me to bill your insurance company, please complete the following form and return it to me. Completing this form does not guarantee that your insurance company will pay for psychological testing.

***I will not make appointments for the psychological testing until you complete this form and return it to me.***

***Fax: 206-632-0797; Mail: 600 North 36<sup>th</sup> Street, Suite 205, Seattle, WA 98103;***

***Email: Kathleen@IntegrativePsychologySeattle.com***

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary insurance subscriber (if not you): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Gender: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of insurance company: \_\_\_\_\_

Insurance/Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Phone # called: \_\_\_\_\_ Name of person quoting benefits: \_\_\_\_\_

Questions to ask:

**\*\*Note:** If the person you speak with asks for a CPT or billing code, ask her or him about 96101, 96102, 96118, and 98119.

1. Do my health insurance benefits include coverage for **psychological testing** (Be sure to use this language)? Yes No
2. If you are wanting testing for a learning disability, for AD/HD, or for educational purposes **AND** if #1 is yes, then ask: Is psychological testing covered if it is for educational purposes/to determine if there is a learning disability/to diagnose AD/HD (choose whichever is applicable)? Yes No Not Applicable
3. If yes to #1, does psychological testing require prior authorization? Yes No
4. If yes to #3, can I have an authorization number or does the psychologist need to obtain the authorization\*?  
Authorization number, if given: \_\_\_\_\_

\*If I need to obtain authorization, you **must** contact me prior to our first appointment so that I can complete this step.

5. Possible limits to my coverage for psychological testing:
  - a. Is there a limit to the maximum number of hours that are covered by my plan?  
Yes, number of hours: \_\_\_\_\_ No
  - b. Is there a dollar limit? Yes, amount: \_\_\_\_\_ No
  - c. Are all the testing CPT codes covered the same? (Ask about each code: 96101, 96102, 96118, and 96119)  
Yes No, differences are: \_\_\_\_\_
6. Is psychological testing covered by my deductible? Yes No
7. If yes to #5:
  - a. How much is my individual deductible? \_\_\_\_\_  
How much of my individual deductible have I met? \_\_\_\_\_
  - b. How much is my family deductible? \_\_\_\_\_  
How much of my family deductible has been met? \_\_\_\_\_

If you have a secondary insurance company, please call that company as well and complete a separate form that answers the same questions.