

Stonebriar Counseling Associates

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9741 Preston Rd., #208, Frisco, TX. 75034

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Robert J. Good, M.A., Th.M., LPC (#19134)

INSURANCE VERIFICATION FORM

Insurance Company: _____

Name of Insured (Patient(s)): _____

Employer ID: _____

Group #: _____

Provider phone #: _____

D.O.B: _____

Home Address: _____

Contact Number: _____

Email Address: _____

Authorization Code (EAP/PRE-AUTH.): _____

CO-PAY: \$ _____

OF VISITS AUTHORIZED: _____

DEDUCTIBLE: \$ _____

AUTHORIZATION DATES: _____

90801: Y N # _____

EXCLUSIONS: _____

90808: Y N # _____

MED. NECESSITY REQUIRED: Y N

90847: Y N # _____

