Veronica Gulezian
MA, LCPC, CADC

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Insurance Information and Payment Release

I accept insurance through BlueCross Blue Shield PPO, Optum/United Healthcare, and Aetna. Policies vary. Please provide your insurance information below, and, if necessary, use the template on this page to call and check the specifics of your insurance coverage. It can be very helpful to do this before our first session together to avoid any surprises. The phone number is usually on your insurance card. Clients are responsible for verifying and understanding the limits of their insurance coverage, and clients are responsible for paying for services or fees not covered by insurance.

Insurance Information

Name of Client (as it appears on Insurance Card): _____

Confirm Client's Date of Birth (mm/dd/yyyy): _____

Insurance Company Name: _____

Insurance Company Provider Phone Number: _____

Member ID # _____ Group # _____

Employer (if applicable): _____

Policy Holder's Name (if different from client- i.e. spouse, parent, etc.): _____

I hereby authorize Veronica Gulezian, LCPC, CADC to submit sessions to insurance. She is ethically bound to confidentiality according to HIPAA code. She has my permission to release any information which may have a bearing on benefits payable under my insurance plan.

Signature: _____ Date: _____

Please feel free to use the following template if/when calling your insurance company in advance of our sessions:

Date of call to insurance company: _____ Name of person you spoke with: _____

Questions to ask:

Opening statement: "I would like to verify my insurance coverage for outpatient mental health services."

"Is Veronica Gulezian, LCPC, CADC an 'in-network' provider?" Answer: Y   N

"Does my policy have a mental health sub-provider?" Answer: Y   N

If yes: "What is the sub-provider's name?" Answer: _____

"Does the sub-provider cover services with Veronica?" Answer: Y   N

"What is my deductible for outpatient mental health services?" Answer: _____

"Have I met this deductible?" Answer: Y   N

"What is the deductible period?" Answer: _____

"What is the copay amount I will pay Veronica per session?" Answer: _____

"Is there a maximum number of sessions I am allowed per calendar year, per week, or per day?" Answer: _____

"Do services need to be pre-authorized?" Answer: Y   N

If yes: "What is the procedure for pre-authorization?" Answer: _____