



Insurance Checklist for Clients

Catalyst can give you a best guess at what you will owe at time of service, however each client is ultimately responsible for his/her copayment and/or deductible. All inquiries into pre-certification, benefits, treatment plans (if necessary), coverage, etc. are the client's responsibility.

We recognize that understanding your insurance and mental health coverage can be confusing and overwhelming. With this checklist in front of you, you can call the toll-free member services number on the back of your insurance ID card and gather this important information.

Insurance Information

Insurance Company _____

Member ID# _____

Group # _____

Provider Services Phone # (Located on back side of card) _____

1. What is your co-payment for outpatient mental health services (per session)? _____

Are mental health providers considered specialists and does this impact my co-pay? _____

2. Do you have a deductible? NO YES

If yes, what is the deductible amount? _____

If so, how much of that has been met? _____

3. Do you need a referral from your primary care physician? NO YES

If Yes, What is the name of your Primary Care Physician? _____

Phone Number _____

Did you ask them to send your insurance provider a referral? NO YES, they sent it on _____

4. Does your plan require pre-authorization? NO YES

5. Does your employer offer EAP services? NO YES

If yes, what is the authorization number? _____

How many sessions are you approved for? _____

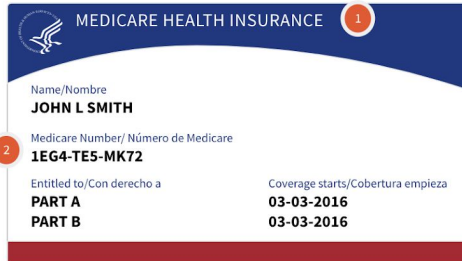
What are the start and end dates of authorization _____

Medicaid Card

How to read my insurance card?



Card Type ☐ Commercial ☒ Medicare



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/ Número de Medicare
1E64-TE5-MK72

Entitled to/Con derecho a
PART A
PART B

Coverage starts/Cobertura empieza
03-03-2016
03-03-2016

- Insurance Company** - Name of your health insurance company
- Policy Number** - Primary Policy Number may be labeled as Member ID, Member Number, Enrollee ID, and is often located in proximity to Member Name.
- Phone Number** - Phone number may be included on the back or bottom of the card. If several phone numbers are listed, include the Provider Services phone number. Otherwise, include any available phone number.
- Address To Send Claims To** - Address may be included on the back or bottom of the card.

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare..
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty if found, drop in the nearest U.S. Mail box.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1850
Form CMS-196 (01/2002)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227; TTY/TDD: 1-877-485-2048) or visit us at www.medicare.gov.

Insurance Plan - Please disregard for Medicare

Group Number - Please disregard for Medicare

Private/Commercial Insurance Cards

How to read my insurance card?



Card Type ☒ Commercial ☐ Medicare



HealthCare+ **HMO**

Name **JANE DOE**
ID # **xxx-xxx-xxxx**

Group # **xxx-xxx-xx**
Effective **xx-xx-xxxx**
Coverage **INDIVIDUAL**
Plan **HMO**

Copay **\$20.00**
Rx **YES**
RXBIN **xxxxxx**
RXPCN **xxxxxxxx**

- Insurance Company** - Name of your health insurance company
- Insurance Plan** - The most common plan types you'll see are: HMO, PPO, EPO, HDHP, HSA, Open
- Policy Number** - Primary Policy Number may be labeled as Member ID, Member Number, Enrollee ID, and is often located in proximity to Member Name.
- Group Number** - A health insurer also assigns a unique ID number to each employer that purchases one of its plans. You'll see it on your ID card if you receive your health insurance through an employer.
- Phone Number** - Phone number may be included on the back or bottom of the card. If several phone numbers are listed, include the Provider Services phone number. Otherwise, include any available phone number.
- Address To Send Claims To** - Address may be included on the back or bottom of the card.

HealthCare+

Member: Please carry this card at all times. Show this card before you get any medical care.

Providers: Preadmission certification is required for all nonemergency hospital admissions, including outpatient surgery. For emergency admissions, notify us within 24 hours after treatment at 1-866-231-0848. Certain services require pre-approval. Call 1-866-231-0848. File claims with your local Blue Cross and Blue Shield plan.

Pharmacies: Submit claims using RXBIN: 00384932; RXPCN: MA; RXGRP: WK2A.

www.healthcareplus.com/stateplans

Member Services: 1-800-231-0848
TTY Hearing Impaired: 711
Provider Services: 1-800-231-0848
Retention: 1-800-231-0124
24/7 NurseLine: 1-800-231-0848
Vision: 1-800-231-0848
Dental: 1-800-231-0848
Pharmacy: 1-800-231-0848

Submit Claims to:
Member Claims
P.O. Box 62509
Virginia Beach, VA 23466-2509