

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

- 1) Call the toll-free number on the back of your card.
- 2) Ask for "Outpatient Mental Health Benefits" or "Behavioral Health Benefits"
- 3) When asked for the provider's name, tell the person: **Kristi A. Garcia**
- 4) You may be asked for the NPI (National Provider Identification) Number(s)
  - a. Give them the following NPI(s):
    - **Group: 1053880146**
    - **Provider Individual: 1235142811**

5) Ask for the following information and record it here:

\*Is this provider In-Network: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**\*Deductible:**

In-Network: \_\_\_\_\_ Out-of-Network: \_\_\_\_\_

Amount Met: \_\_\_\_\_ Amount Met: \_\_\_\_\_

**\*Co-pay:** In-Network: \_\_\_\_\_ Out-of-Network: \_\_\_\_\_

**\*Maximum out of pocket/stop loss amount per year:** \_\_\_\_\_

**\*Maximum number of sessions per year:** \_\_\_\_\_

**\*Is Authorization Required:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, how is that obtained? \_\_\_\_\_

**Additional Information given to you:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claims Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name of person you spoke with:** \_\_\_\_\_

**Date:**

**Time:**