Dr. John K. Russell & Associates
1945 Palo Verde Avenue, Suite 202
Long Beach, CA 90815
562.799.3333 FAX 562.799.3355
jkr@privateconsultant.com http://privateconsultant.com

INSURANCE WORKSHEET

Your insurance may help to cover some of the cost of your office visits, so it is in your best interest to know exactly what they pay and what they do not pay *before* your initial office visit. Some insurance companies require prior authorization; some policies have deductibles and most have co-pays. This worksheet helps you to determine your share of cost. Usually, you will find a toll-free telephone number on the back of your insurance card to call to verify your mental health benefits. Please call your insurance company to obtain the information on this form. Remember, all costs not covered by your insurance are your responsibility. If the visit is for your child, fill in his/her name in the "Your Name" line. Please FAX this form and the CLIENT INTAKE FORM to 562.799.3355 prior to your visit and bring all of the forms with you on your first visit.

Your Name:	Date of Birth:
Your Subscriber ID #:	
Insured's Name (if not you):	Date of Birth:
Insured's Subscriber ID#:	
Insurance Company:	
Policy Number:	Group #:
Annual Deductible:	Amount Already Paid:
Co-Pay Per Office Visit:	
Is Prior Authorization Required?: Yes ☐	No ☐ Authorization Number:
Number of Visits Initially Authorized:	
Maximum Number of Visits per Year:	
Address Where Claims are to be Sent:	
Name of Insurance Representative Providing Information:	
Insurance Company Phone Number:	
Additional Information:	
Today's Date:	