

# PRISCILLA E. SIERK, D.O., P.A.

PSYCHIATRY

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## CHECKING YOUR OUTPATIENT MENTAL HEALTH INSURANCE BENEFITS

*Health insurance plans vary in the kinds of outpatient mental health services they cover. Please contact your health insurance company to check on your benefits and eligibility. Important questions to ask about your coverage are listed below. Please bring this completed form with you to your first appointment along with your health insurance identification card.*

Telephone number to call to check my benefits and eligibility: \_\_\_\_\_

Is there another number I must call to check my eligibility and benefits? Yes  No

If yes, the telephone number I must call: \_\_\_\_\_

Does my insurance cover outpatient mental health services? Yes  No

Is my health insurance coverage active? Yes  No

If yes, my policy became effective on: \_\_\_\_\_

Are my mental health benefits based on a calendar year? Yes  No

If not, my benefits are based on this range of dates: \_\_\_\_\_

How many outpatient mental health visits are covered for one (1) year? \_\_\_\_\_

How many remaining visits do I have for the current year? \_\_\_\_\_

Is Dr. Sierk, a "preferred" or "in-network provider" for my health insurance plan?  
(Please be sure to specify the practice address) Yes  No

For Dr. Sierk's services:

Do I pay a co-pay for each visit? Yes  No

If yes, my co-pay amount for each visit is: \_\_\_\_\_

Do I have a co-insurance cost for each visit? (a percentage of the charge that I have to pay myself) Yes  No

If yes, my co-insurance percentage for each visit is: \_\_\_\_\_

Do I have to obtain an authorization for Dr. Sierk's services? Yes  No

If yes, who must call? My referring provider  Myself  Dr. Sierk

The number to obtain an authorization is: \_\_\_\_\_

*Please be sure to bring this form with you to your first appointment. Thank you.*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_