



3139 N. Lincoln Ave.
Suite 220
Chicago, IL 60657

120 W. Madison
Suite 920
Chicago, IL 60602

8707 Skokie Blvd.
Suite 310
Skokie, IL 60077

simply aware, fully alive

(847) 568 1100

www.lifeworkspsychotherapy.com

Insurance Verification Form for In and Out of Network

Client Name: _____ Date of birth: _____

Insurance Carrier: _____ Ins. Phone Number: _____

ID # _____ Group Number: _____

BCBS Plan Product Type: PPO _____ Blue Choice _____

Effective date: _____ Calendar or Benefit year _____

Does your plan cover teletherapy for mental health services? _____

Deductible: \$ _____ Met: \$ _____

Out of Pocket: \$ _____ Met: \$ _____

Coverage: Copay \$ _____ or Co-insurance: % _____

Maximums: Y/N Visit Max _____ Dollar Max: \$ _____

Carve out Plan: Y/N Company _____ Phone Number _____

Pre-Auth Needed: Y/N Company _____ Phone Number _____

Call Reference Number _____ Date _____

Other Notes: