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INSURANCE VERIFICATION

Patient Name: _____ Date: _____

Name of my Insurance Company: _____

Prior to your first appointment, please contact your insurance company to confirm your benefits & eligibility and to obtain the answers to the following questions. Please bring this completed form with you to your first appointment, as well as a copy of your insurance card.

(1) Telephone number to call to check my benefits & eligibility: _____

(2) Does my insurance cover outpatient mental health services? Y / N

(3) Is my health insurance coverage active? Y / N

(a) If yes, my policy became effective on: _____

(4) Are my mental health benefits based on a calendar year? Y / N

(a) If no, my benefits are based on this range of dates: _____

(5) How many mental health visits are covered each year? _____

(a) How many remaining visits do I have this year? _____

(6) Is **Adam Rodriguez, Psy.D. (at 6124 SE Milwaukie Ave., Ste. A, Portland, OR 97202)** a "preferred provider" or "in-network provider" for my insurance plan? Y / N

(7) Do I have a deductible and must it be met before my insurance plans covers psychotherapy appointments? Y / N

(a) If so, how much is the deductible, \$ _____ and how much of it has been met? \$ _____

(8) What address should claims be submitted to : _____

(9) What is your insurance's Payer ID#: _____

(10) Do I have a co-pay for each office visit? Y / N

(a) If yes, my co-pay amount for each visit is: _____

(10) Do I have to get an authorization for the doctor's services? Y / N

(a) If yes, who must call? The Referring Provider / Myself / Dr. Rodríguez

(b) The telephone number to call to obtain authorization is: _____