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Insurance Verification Form:

I accept payment for services directly from Blue Cross/Blue Shield NC

If you would like me to accept insurance payment for your visits, please call your health insurance or employee benefit plan to determine your coverage for my services before your first visit and bring this form with you on your first visit. For other plans, I would be considered an out-of-network service provider and you will kindly pay me directly but use this to determine if your insurance or employee benefit plan will reimburse you for my services. Please note that you are responsible for services that are not covered by your insurance plan.

Please ask the following questions and carefully record the answers you receive:

Phone number you called _____

Date and time you called _____

Name of the person you talked to _____

Do I have mental health benefits? _____ If this is for a child or spouse, do they have mental health benefits? _____

What is my deductible and has it been met? _____

What date does the deductible start over? _____

Do I have a co-pay per session and what is the amount? _____

How many sessions per calendar year does my plan cover? _____

What is the coverage amount per therapy session? _____

How much does my plan cover for an out-of-network provider? _____

Is approval required from my primary care physician? _____