

### Insurance Checklist and Verification of Benefits

*Prior to your first visit, you must call the phone number on the back of your insurance card and follow these steps to identify your insurance benefits:*

**Patient Name:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_

**1. Give the Insurance representative the appropriate credentials below:**

F. Targol Hasankhani, LMFT

- Group NPI: 1295371367
- Provider NPI: 1720324197

**2. What are my benefits for “in-network outpatient behavioral health”?**

*Amount of co-pay/co-insurance?* \_\_\_\_\_

*How many sessions are allowed?* \_\_\_\_\_

*Do I have to satisfy a deductible/how much?* \_\_\_\_\_

**3. Do I need pre-authorization before I can be seen by my therapist?**

*If yes, what is the authorization #* \_\_\_\_\_

*Number of sessions approved* \_\_\_\_\_

**4. Is my therapist covered under my benefits package?**

*If “No”, what are my “out of network” benefits?* \_\_\_\_\_

**5. Is couple/family therapy (procedure code 90847) covered under my benefits package?** \_\_\_\_\_

*If yes, is diagnostic code Z63.0 covered under my benefits package?* \_\_\_\_\_

**6. Is teletherapy covered under my benefits package?** \_\_\_\_\_

**7. Name of rep & call reference number** \_\_\_\_\_

**Date of your phone call** \_\_\_\_\_

**Common Procedure Codes:**

90791 –Initial Appointment (60 mins) - \$200

90837 –Individual Therapy (50 mins) - \$175

90847 – Couple / Family Therapy (55 mins) - \$200

Gol Relational Center, PLLC  
4611 N. Ravenswood Ave., Suite 205  
Chicago, IL. 60640

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I HEREBY AUTHORIZE payment to be made directly to F. Targol Hasankhani, LMFT of any insurance benefits covering my care and treatment. I understand, as signee, I am financially responsible to F. Targol Hasankhani, LMFT for all charges that are not covered by my insurance company. I also give F. Targol Hasankhani, LMFT permission to release any of my health information obtained during examinations or treatment that may be necessary to support any insurance claims. Further, I acknowledge that F. Targol Hasankhani, LMFT is not responsible for securing authorization or coverage by my insurance carrier for my treatment and services, and I understand that F. Targol Hasankhani, LMFT cannot be held liable for any limitation of coverage or declined authorization by my insurance policy.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

THERAPIST: \_\_\_\_\_

DATE: \_\_\_\_\_