TCP OF OHIO INSURANCE PRE-SCREENING- PLEASE READ CAREFULLY

Please email this completed form and a picture of both the front and back of your insurance card to: Info@thecounselingprofessionals.com both are required to schedule your first appointment.

You will need to call your insurance company to get some of the information required to complete this form, as it is not listed on your insurance card. Information your Insurance Provider will request when you call, Name of our group is TCP of Ohio. TCP of Ohio's TAX ID # is 82-3092676, Billing codes, 90791, 90837, or 90834. If you are seeing Kira Osowski, Christa Redden, Maria Morton, Mary Murphy, Max Reyes, Robert French, or Carissa Salyers their names will not show as in-network provider but they bill under supervision and in-network provider Karen Barnes.

Client Name:
Client DOB:
Insurance company name:
Is this a commercial policy or a Medicaid policy?
The policy holder for my insurance is
The policy holder's date of birth is:
Their relationship to me is:
The policy holders address is:
Member ID/Subscriber ID (not group ID) is:
My Deductible is:
My Copay is:
Please ask your insurer these specific questions
"What is the payer ID for mental health/behavioral health services?"
"Do you use a third-party payer for mental health/ behavioral health services
"What is the name of the third- party payer?"
"What is the Payer ID of the Third-party biller
Will you be using an HSA card:
I acknowledge that the information I provided here is about my PRIMARY insurance policy. If I have a secondary policy, I understand that TCP of OHIO does not bill SECONDARY insurance. TCP OF OHIO requires that a credit card be put on file at your first appointment to cover any out-of-pocket expenses. In addition, this form must be filled out and pictures of insurance card are required prior to scheduling your first appointment.
Email your completed form and insurance card pictures to: <u>Info@thecounselingprofessionals.com</u>

Relationship to client:

Date:

Name