



Unwritten Endings, LLC
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Howell, MI 48843
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INSURANCE CHECKLIST

Client name: _____ **Name of individual completing form:** _____

Insurance: _____ **Group #:** _____

Enrollee ID: _____

1. Call the toll-free number on the back of your card.
2. Ask for “Outpatient Mental Health Benefits” or “Behavioral Health Benefits”
3. When asked for the provider’s name, tell the person: **Andrea Lunn**
4. You may be asked for the “NPI Number” (the National Provider Identification Number)
 - Give them the following **NPI: 1922580166** OR **Tax ID: 83-1790501**
5. Ask for the following information and record it here:

Is this provider In-Network? Y N

If no, do I have out of network benefits? Y N

Do I have a deductible? Y N

If yes, what is the amount:

In-Network: \$ _____ Amount met: \$ _____

Out-of-Network: \$ _____ Amount met: \$ _____

Do I have a co-pay? Y N

If yes, what is the copay:

In-Network: \$ _____ Out-of-Network: \$ _____

Do I have a health savings account? Y N

What is the maximum # of sessions allowed per year? _____

Is authorization required to receive services? Y N

Does my plan cover online visits for mental health? Y N

Additional information given to you:

Claims mailing address:

Name of person you spoke with: _____

Date: _____ **Time:** ____:____ am pm