

## Behavioral & Mental Health Insurance Coverage

Mary Ann Grant-Fosco, LCPC  
4910 Forest Avenue #404  
Downers Grove, IL 60515

Date \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

Insurance Co. & Address \_\_\_\_\_  
Phone \_\_\_\_\_ Participating? Yes No  
Subscriber Name \_\_\_\_\_ Employer \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_  
Precertification or authorization needed? Yes No  
Session Limit: Yearly \_\_\_\_\_ Lifetime \_\_\_\_\_

Deductible \_\_\_\_\_ Calendar Year? \_\_\_\_\_ Amount Met \_\_\_\_\_  
Co-payment Due \_\_\_\_\_ After \_\_\_\_\_ sessions

Or:  
Co-insurance percentage of Insurance Fee Schedule Due \_\_\_\_\_

Do you have secondary insurance? Yes No  
If Yes, please provide above information for secondary coverage  
\_\_\_\_\_  
\_\_\_\_\_

Is there any restriction as to how many sessions per week you are allowed? \_\_\_\_\_

Medox Billing Systems: Lori Newman 708-429-9660; fax 708-429-9665

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