



Insurance Benefits for Mental Health Prescribing Services

Please call the number on the back of your insurance card or check their website for your plan information. If you have specific questions regarding your coverage or how your insurance processes your claims, please contact your insurance provider directly.

If your insurance provider has any difficulty locating your Alliance Rx provider, please let them know that: *The practice name for insurance purposes is Burke Group Counseling and Consulting DBA Alliance Counseling Group.*

Insurance Provider		Date benefits verified	
Subscriber Name		Subscriber DOB	
Patient Name		Relationship to Subscriber	
Policy Effective Dates		Which do I need to meet to fulfill the plan requirements: my individual or family deductible?	
Your Deductible	\$	Remaining Deductible	\$
Copay	In Person Visits \$	OR Coinsurance	In Person Visits /
	Virtual Visits \$		Virtual Visits /
Common CPT Codes used for Prescribing	90792, 99205, 99214, 99215		

Deductible: The amount that you pay for medical services before your insurance begins to pay.

Copay or Coinsurance: After you meet the deductible, or if your deductible does not apply, you may still owe a copay (set rate) or coinsurance (percentage of contracted rate for the service provided).

Do you have a Secondary Insurance plan?

If you have a secondary insurance plan, you will need to verify the Coordination of Benefits between those plans. Please check with your insurance providers and verify which plan should be billed as primary and which plan should be billed as secondary. Please confirm this information for us so we can prevent any delays in the billing process. **If you have secondary insurance, you will not be charged unless there is a balance remaining after claims have processed through both insurance policies.*

Primary Insurance		Secondary Insurance	
Subscriber Name		Subscriber Name	
Subscriber DOB		Subscriber DOB	
Policy Effective Dates		Policy Effective Dates	

Do you have a managed care Medicaid plan?

Please provide us with the name of the company that manages your medicaid plan so we know who to bill for your claims. For example, if Priority Health manages your medicaid plan, your insurance provider is Priority Health.

Do you need a Prior Authorization for services?

This is usually indicated on the back of your card. If so, please ask your insurance provider for an authorization number and any specific details we will need when billing your claims to insurance. You will likely need to provide this to us PRIOR to the beginning of services.