

Biltmore Medical Associates  
147 Asheland Ave  
Asheville, North Carolina 28801  
Phone: (828) 258-1188 / Fax: (828) 251-1801

BENEFIT CONFIRMATION FORM

Name: of Patient):	Insurance Company:
	Group #:

Please have your insurance card in hand

FORM MUST BE COMPLETED PRIOR TO APPOINTMENT OR THE FULL AMOUNT  
OF YOUR VISIT WILL BE EXPECTED IN FULL

WHEN YOU CALL YOUR INSURANCE COMPANY ASK THE FOLLOWING  
QUESTIONS:

"This is (YOUR NAME) and I am calling to get details about my behavioral health benefits."

1. Do I have a co-pay or co-insurance for OUTPATIENT Behavioral Health? \_\_\_\_\_
2. What is the amount I pay per visit? \$ \_\_\_\_\_
3. What is my deductible? \$ \_\_\_\_\_
4. How much of my deductible has already been met? \_\_\_\_\_ As of Date: \_\_\_\_\_
5. When does my deductible period start? (Date each year) \_\_\_\_\_
6. What is the effective date of my insurance policy? (Month/Day/Year) \_\_\_\_\_
7. How many visits does my policy allow for OUTPATIENT Behavioral Health Per year? \_\_\_\_\_
8. If I need more outpatient visits what do I do to obtain authorization? \_\_\_\_\_
9. Is there a yearly maximum for OUTPATIENT Behavioral Health? \_\_\_\_\_
10. Do I need an authorization for my visits? \_\_\_\_\_
11. How do I obtain an authorization? \_\_\_\_\_
12. Where and who should my provider mail claims to? \_\_\_\_\_
13. What is your EDI Payer number? \_\_\_\_\_
14. May I please have your name, your extension number and the Reference# for this call?  
Name: (Person Making Call)      Date of Call:  
Phone Number called & Time of call:

NOTE: Benefits Confirmation Form should be received by Biltmore medical prior to your first session in order for the office to verify your benefit. This allows our staff to calculate the payment you will be expected to make at the time of service. If this information is not received prior to your visit you will be responsible for the full fee amount until your benefits are verified or this completed form is received. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_