

RIVER OAKS ACADEMY

10600 Richmond Avenue Houston, Texas 77042
Phone (713) 783-7200 Fax (713) 783-7286

Insurance Verification

Today's Date: ___/___/___

Patient's Name: _____
First MI Last

DOB: ___/___/___ AGE ___ Gender: M F SSN: ___-___-___

Problems/Working Diagnosis: _____

Policy Holder: _____
First MI Last

Policy Holder's Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Policy Holder's SSN: ___-___-___ Policy Holder's Date of Birth: ___/___/___

Employer: _____ Effective Date: ___/___/___

Insurance ID: _____ Ins Phone: _____

Insurance Group #: _____ **Claims Address:**

Benefits: _____

	In Network %	In Net # Sessions	In CoPay	Out of Network %	Out # Sessions	Out Copay
Day Treatment						
Intensive Outpatient (IOP)						
Outpatient:						
Individual Therapy						
Family Therapy						
Group Therapy						

Pre-Authorization #: _____ Auth Effective Dates: _____

Bill through: SBA ROA LAV **Rate:** _____