



ERIKA BOKOR Ph.D.
Clinical Psychologist

INSURANCE BENEFIT VERIFICATION FORM

Insurance Company Name

Insurance Company Phone Number

Insurance Company Address

Name of Policy-holder

Patient Name

Member ID Number

Group Number

Name of Person Quoting Benefits

Date of Quote

Reference Number for the Quote

BENEFIT DETAILS

Is there a Deductible? Y N If yes, how much? _____

Is there a Co-Pay? Y N If yes, how much? _____

Is there a Co-Insurance? Y N If yes, how much? _____

Is (pre)authorization required? Y N

Is Dr. Erika Bokor in Network? Y N _____
If No, what are the Out-of-Network benefits?