

Provider Name/ Group: : HUNTER COUNSELING LLC

Address/City/State: 5900 PORTAGE RD; PORTAGE, MI 49002

Phone: 269-267-6995

Client Name: _____

1. Call the toll free number on the back of yourcard.
2. Ask for "Outpatient Mental Health Benefits" or "Behavioral Health Benefits"
3. If coming for Substance Abuse Treatment you need to know specifically if it is a covered benefit and if it requires authorization.
4. If this is going to be VIRTUAL VISITS OR TELEHEALTH you must ask if this is a covered benefit on your policy and will it cover services with your current therapist. Does this require authorization.
5. When asked for the provider's name, tell the person: MARGARET HUNTER LLP
6. You may be asked for the "NPI Number" (the National Provider Identification Number.)
 - a. Give them the following NPI: **Type 1** 1922468123
Type 2 1912494592
 - b. Possibly Tax Id #: **-*3284 (If using SS# put SS# on file)

7. Ask for the following information and record it here:

*Is this provider In-Network: YES: _____ NO: _____

*Are VIRTUAL VISITS/TELEHEALTH payable to this provider: YES: _____ NO: _____

***Deductible:**

In-Network: _____ Out-of-Network: _____

Amount Met: _____ Amount Met: _____

***Co-pay:** In-Network: _____ Out-of-Network: _____

***Maximum out of pocket/stop loss amount per year:** _____

***Maximum number of sessions per year:** _____

***Is authorization required:** YES: _____ NO: _____

If yes, how is that obtained? _____

Additional Information given to you: _____

Claims Mailing Address: _____

Name of person you spoke with: _____

Date:

Time: