

Provider Name/ Group: Root to Rise Therapy (Maureen Linnell, LMSW, IMH-E®-III)

Address/City/State: PO Box 496, Brighton, MI 48116

Phone: 810-279-0450

Client Name: \_\_\_\_\_

1. Call the toll free number on the back of your card.
2. Ask for "Outpatient Mental Health Benefits" or "Behavioral Health Benefits"
3. When asked for the provider's name, tell the person: Root to Rise
4. You may be asked for the "NPI Number" (the National Provider Identification Number.)
  - a. Give them the following NPI: **Type 1**

\_\_\_\_\_

**Type 2 1861981839**

\_\_\_\_\_

b. Possibly Tax Id #: \_\_\_\_\_ (If using SS# put SS# on file)

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

\*Is this provider In-Network: 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:** \_\_\_\_\_