

Request for Appointment or Waiting List

This form is a *request* and does not guarantee an appointment.

DO NOT EMAIL THIS FORM

Return this form to:

Margaret Howard, LCSW

1400 N. Wood Road

Murphysboro, IL 62966

Please Note: We need all of this information in order to check your insurance coverage.

I want to use my insurance

I want to pay out of pocket

I can pay out of pocket if insurance will not pay for Telehealth, or stops paying for it

I want to request an application for sliding scale rate (required income and asset disclosure)

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Ok to leave voicemail? _____

Email _____ Ok to email? _____

Gender _____

Place of employment or study _____

IMPORTANT: Please include **all insurances** you're covered under, even ones you're not using. Not including an insurance you're covered under could result in being charged in full for appointments, due to insurance company practices. If you have more than 3 please include on another sheet of paper.

Also note: Due to the coronavirus pandemic, all appointments are via Telehealth (secure internet video) now and in the foreseeable future.

Insurance Company #1 Name _____

Member Number _____

Group Number _____

Insurance Company Phone Number _____

Are you the primary policy holder, or is it someone else (e.g., parent or spouse, if not you)?

Me

Someone else

Name of Policy Holder _____

Date of Birth of Policy Holder _____

Please call your insurance company and ask the following questions, and include the answers here:

1. Does my policy cover Telehealth for mental health, for Margaret Howard, LCSW? Yes No
2. How long will this Telehealth benefit be available? Until: _____
3. Do you require a certain platform for Telehealth appointments? Yes No
4. What is my copay for Telehealth for mental health with Margaret Howard, LCSW? _____
5. Will I have to pay down my deductible for Telehealth for mental health with Margaret Howard, LCSW? Yes No

Insurance Company #2 Name _____

Member Number _____

Group Number _____

Insurance Company Phone Number _____

Are you the primary policy holder, or is it someone else (e.g., parent or spouse, if not you)?

Me

Someone else

Name of Policy Holder _____

Date of Birth of Policy Holder _____

Please call your insurance company and ask the following questions, and include the answers here:

1. Does my policy cover Telehealth for mental health, for Margaret Howard, LCSW? Yes No
2. How long will this Telehealth benefit be available? Until: _____
3. Do you require a certain platform for Telehealth appointments? Yes No
4. What is my copay for Telehealth for mental health with Margaret Howard, LCSW? _____
5. Will I have to pay down my deductible for Telehealth for mental health with Margaret Howard, LCSW? Yes No

Insurance Company #3 Name _____

Member Number _____

Group Number _____

Insurance Company Phone Number _____

Are you the primary policy holder, or is it someone else (e.g., parent or spouse, if not you)?

Me

Someone else

Name of Policy Holder _____

Date of Birth of Policy Holder _____

Please call your insurance company and ask the following questions, and include the answers here:

1. Does my policy cover Telehealth for mental health, for Margaret Howard, LCSW? Yes No
2. How long will this Telehealth benefit be available? Until: _____

3. Do you require a certain platform for Telehealth appointments? Yes No

4. What is my copay for Telehealth for mental health with Margaret Howard, LCSW? _____

5. Will I have to pay down my deductible for Telehealth for mental health with Margaret Howard, LCSW? Yes No

Have you been in therapy before? Yes No

If so, when and for how long? _____

Who did you see? _____

Please list any mental health diagnoses you've received in the past (even if they were incorrect):

- 1.
- 2.
- 3.
- 4.

Are you currently having suicidal or homicidal thoughts or urges? Yes No

Have you ever been charged with a violent or sexual crime? Yes No

Briefly, what leads you to seek therapy at this time?:

I attest that all of the information I've provided here is true to the best of my understanding:

Print Name: _____

Signature: _____ Date: _____