

Provider Name/Group: LISA Delapp Theis / Theis Counseling Services LLC

Address/City/State: \_\_\_\_\_

Phone: 517 999-0940 (office) 517 927-9811-cell

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. If coming for Substance Abuse Treatment you need to know specifically if it is a covered benefit is AND if it requires authorization.
4. When asked for the provider's name, tell the person: LISA Delapp-Theis
5. You may be asked for the "NPI Number" (the National Provider Identification Number.)
  - a. Give them the following NPI: **Type 1** 1255627378  
**Type 2** 1760928816
  - b. Possible Tax Id#: 81-4781302 (If using SS# put SS# on file) **EIN**

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:**

PO Box 10  
Mason, MI 48854

Name of person you spoke with: \_\_\_\_\_