

Enedina Robles, LCSW, PMH-C  
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If you will be using your insurance benefits to pay for your mental/behavioral health services, prior to your intake session with me, please call your insurance company to find out the answers to these questions and fill in the information below. Please bring this completed form to your intake session. *You will be charged the full contracted insurance rate for each session until you complete this task.*

- My primary insurance is: \_\_\_\_\_
- a. HMO b. PPO c. POS d. Medical e. EAP f. Other: \_\_\_\_\_
2. I am the primary insured: Yes / No.
- a. If secondary, \_\_\_\_\_ is the primary.
- b. My relationship to this person is: \_\_\_\_\_.
- Their DOB is \_\_\_\_\_.
3. My secondary insurance is: \_\_\_\_\_
4. I have verified that Enedina Robles, LCSW, PMH-C, #25993 is an in-network provider for the insurance plans listed above and I would like for her to file my claims on my behalf: Yes \_\_\_\_\_ No \_\_\_\_\_
5. My authorization number, if applicable: \_\_\_\_\_
6. My number of approved sessions: \_\_\_\_\_
7. These sessions are from valid from \_\_\_\_\_ to \_\_\_\_\_ dates.
8. My deductible for my mental health benefit is: \_\_\_\_\_
9. I have met my deductible for my mental health benefit: Yes \_\_\_\_\_ No \_\_\_\_\_
10. If not, how much of my deductible have I met?: \$ \_\_\_\_\_ out of \$ \_\_\_\_\_
11. My deductible renews on: \_\_\_\_\_
12. My copay amount is: \_\_\_\_\_
13. If applicable, my coinsurance amount is: \_\_\_\_\_
14. I have added this information and uploaded my insurance card to my insurance information on my Client Portal:  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please bring a copy of your card to your appt.
14. If Enedina Robles, LCSW, PMH-C is not in-network with my insurance, I agree to review and sign the Private Pay agreement to proceed with services: Yes \_\_\_\_\_ No \_\_\_\_\_
15. How much does my insurance benefit reimburse for out-of-network counseling sessions? \_\_\_\_\_
16. Where do I send my out-of-network claims to in order to be reimbursed for services that I have paid? \_\_\_\_\_