Contra Costa Behavioral Health Services
Mental Health Plan
Insurance/Medicare Verification Notification

Complete this form at intake/registration and email using an encrypted file format to Contra Costa County Patient Accounting at MHBilling@hsd.cccounty.us, or fax them to (925) 372-5115 as soon as insurance is verified. Please email any questions to MHBilling@hsd.cccounty.us using an encrypted file format.

Date (mm/dd/yyyy): __________________ Verified by: ________________________________

Organization: ____

Organization Phone No.: _________________ ext. ______ Fax No.: _______________________

ccLink Medical Record Number: ________________________ Bill Area ID: _________________

Client Name: _________________________ _____________________ ____ Gender: ________
Last First M.I.

Date of Birth (mm/dd/yyyy): ________________ Social Security No: _______________

Date(s) of Service: ____

Insured Name: ________________________________ ________________________________ _____
Last First M.I.

Policy Number: __________________________ Effective Date (mm/dd/yyyy): _______________

Group Number: __________________________ Effective Date (mm/dd/yyyy): _______________

Insurance Company Name: ____

Billing Street Address: ____

City: ____________________________ State: ______ Zip Code: _________________

Phone: ______________________________ Ext. ______ Fax: _____________________

BENEFITS VERIFIED WITH

Ins. Contact Name: ____________________________ Phone No. ______________ Ext. ______

AUTHORIZATION VERIFIED WITH

Ins. Contact Name: ____________________________ Phone No. ______________ Ext. ______

Authorization Number: _________________________ Effective Date: _______________ Expiration Date: _______________

Comments: ____

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For Patient Accounting Use Only:

Date Received _______________ Verified by: _______________________________________

Notes: ____

This document may contain protected health information only for use by the intended recipients. Any use, distribution, copying or disclosure by any persons other than the intended recipient is strictly prohibited and may be subject to civil action and or/ criminal penalties. **Please email using a secure encrypted file format.**

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