

Provider Name/Group: CHOSEN PLLC

Address/City/State: 1803 WHITES RD SUITE 4, KALAMAZOO, MI 49008

Phone: (866)232-5389

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: LAUREL HUFF LPC
5. You may be asked for the "NPI Number" (the National Provider Identification Number.)
 - a. Give them the following NPI: **Type 1** 1780175802
Type 2 1194120097
 - b. Possible Tax Id#: 901034222 (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: _____