

Provider Name: Amy Duffy-Barnes

Address: 233 Fulton Street East, Suite 226 Grand Rapids MI 49503

Provider Phone Number: 616-490-3468

Your 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.    When asked for the provider’s name, tell them Amy Duffy-Barnes

 4.    You may be asked for the “provider’s NPI Number” (the National Provider Identification Number.)

 \* NPI 1: 1043616667 \*NPI 2: 1831605567

5.    Ask for the following information and record it here:

\*Is this provider In‐Network: YES:\_\_\_\_\_\_ NO:\_\_\_\_\_\_\_\_

\*Deductible: In‐Network:\_\_\_\_\_\_     Out‐of‐Network:\_\_\_\_\_      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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_