



Provider Name/ Group: **Nature's Playhouse Ferndale LLC**

Address/City/State: **777 Livernois, Ferndale, MI 48220**

Phone: **(248)955-3219**

Client (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. If coming for Substance Abuse Treatment you need to know specifically if it is a covered benefit and if it requires authorization.
4. When asked for the provider's name, tell the person: **Name of Counselor if selected**
5. You may be asked for the "NPI Number" (the National Provider Identification Number.)
 - a. Give them the following NPI: **Type 1- Counselor Specific** **Type 2- 1164943536**
 - b. Possibly Tax Id #: ****_***7020** (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: _____

Date: _____

Time: _____