

**Glovan, Pollak and Associates LLC
THE BEHAVIORAL WELLNESS GROUP**

CALLING YOUR INSURANCE COMPANY: INTENSIVE OUTPATIENT PROGRAM (IOP)

Please call the toll free number on the back of your insurance card, for mental health/behavioral health benefits and please ask the following questions:

Legal Name of Facility: Glovan, Pollak and Associates, LLC
Doing Business As: The Behavioral Wellness Group
Facility Tax ID: 46-5078878

1. Are Intensive Outpatient Programs (IOP) covered under my plan? ___Y ___N

- **Dual Diagnosis IOP:** Provider, Michael Pollak, LPCC-S
 - HCPC Code H0015 with Revenue Code 0906
Billed on UB04 (UB92) (sometimes called a “facility claim form”)
- **Health/Wellness IOP:** Dr. John Glovan, Psy, D. (OH)
- **DBT IOP:** Cathy Knezevich, LPCC (OH)
- **Evening Mental Health IOP :** Stephanie Cerula, LPCC (OH)
- **Adolescent IOP:** Erin Pawlak, LPCC-S (OH & SC)
- **College Mental Wellness IOP:** Madeline McDowell, LPCC (OH & AZ)
- **In-Person DBT IOP:** Genna Weinberg, LPCC (OH)
Stephanie Jacobs, LPCA (SC)
 - HCPC Code S9480 with Revenue Code 0905
Billed on UB04 (UB92) (sometimes called a “facility claim form”)

2. Do I need prior authorization? ___Y ___N Phone# _____

3. What is my annual mental health deductible? \$ _____

4. Is there a limited number of IOP sessions per calendar year? ___Y ___N

5. What is my IOP copay/co-insurance? _____

6. Is there a maximum dollar amount per year that insurance will pay? _____

7. Is there an “out of pocket maximum” before insurance pays 100%? ___Y ___N
\$ _____

8. If this facility is out of network for IOP, do I have out of network IOP benefits?
___Y ___N What is my out of network IOP benefit? _____

Who Spoke With _____

Date _____

*****Please complete and forward prior to or bring to your first appointment*****