



**Kywina Henderson, PMHNP-BC**

1112 Daniels St. Suite 10

Vancouver, WA 98660

**\*Insurance Form & Optional Planning Tool**

**If you would like to use your insurance benefits towards your appointments, please use the optional tool to verify your benefits with your insurance company by phone prior to your first visit. It is our hope this form helps you to understand your plan and costs prior to your visit so that you do not incur any surprise costs that interrupt your care.**

Kywina Henderson, PMHNP-BP is IN-NETWORK with Regence Blue Cross Blue Shield (Asuris NW, HealthCare Management Administrators, LifeMap Assurance), Optum/United, Cigna/Evernorth, Aetna, HealthNet/Tricare and Pacific Source. We are in process of accepting: Premera BC/BS, Provider One, Providence, Humana, Moda and Medicare. We can also bill out- of-network with your current plan. If you have a different insurance plan and would still like to be seen by our office, please consult with your specific healthcare plan to determine if you have Out-Of-Network benefits prior to scheduling an appointment. If needed, cash- based payments can also be arranged.

While we are glad to bill your insurance carrier on your behalf, it is not possible for us to be aware of each plan's specific requirements for coverage. Your insurance coverage is a contract between you/your employer and the insurance carrier. While we may be a provider of services, we are not a party to your specific contract. Therefore, it is your responsibility to understand and comply with any predetermined benefits or referral requirements. As with any provider's office, any charges you incur at All Kynd Behavioral Health & Wellness, Kywina Henderson, PMHNP which are not paid or adjusted by your insurance carrier will be your sole responsibility.

Office Information

Provider: Kywina Henderson, PMHNP-BC  
NPI # 1609079839 Group NPI #1548049065  
EIN # 884351621

Insurance Information

Name of Insurance Carrier: \_\_\_\_\_  
Name of Primary Insured Person: \_\_\_\_\_  
Birthday of Primary Insured Person: \_\_\_\_\_  
Member ID: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Phone number on back of card: \_\_\_\_\_

- I understand that if I am providing insurance billing information, I hereby authorize Kywina Henderson, PMHNP-BC to release all information necessary to secure the payment of insurance benefits

Date: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_



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**\*Optional Insurance Planning Tool**

1. Is Kywina Henderson PMHNP-BC, IN-NETWORK with my plan?  In-Network  Out-Of-Network
2. What are my Out-Of-Network benefits? \_\_\_\_\_
3. What is my co-pay/co-insurance for Out-Of-Network providers? \_\_\_\_\_
4. Do I need a referral from a primary-care provider for psychiatry appointments to be covered by insurance?  Yes
5. Does my deductible apply to psychiatry visits?
6. Total Deductible Amount: \_\_\_\_\_
7. Deductible amount paid so far this year: \_\_\_\_\_
8. What is my Out-of-pocket maximum? \_\_\_\_\_
9. How much have I met so far this year? \_\_\_\_\_
10. What is my co-pay for psychiatry appointments? \_\_\_\_\_
11. What is my coinsurance? \_\_\_\_\_
12. Does my plan cover Telehealth appointments for psychiatry?
13. Is there a separate deductible for prescription medications?
14. Prescription medication deductible amount: \_\_\_\_\_
15. What are my lab test benefits? (blood tests): \_\_\_\_\_
16. Is LabCorp In-Network for my plan?
17. Is there an HSA or FSA associated with my insurance plan? (you may need to speak with your employer to verify this): \_\_\_\_\_
18. Any additional comments/questions? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Updated 5.24.24