



Insurance Information and Authorization Form

Many health insurance companies cover a portion of the cost of therapy sessions and psychological testing. However, as insurance benefits have become increasingly complex, it is often difficult to determine exactly what mental health benefits are available. Some plans also require authorization before they will allow reimbursement. Thus, it is very important that you find out from your insurance company what services are covered and if preauthorization is required. We will assist you in the proper billing of your insurance company. The billing manager will attempt to check your insurance coverage, but we are not always given accurate information. ***In all cases, you are responsible that your account is paid in full.***

Your contract with your health insurance company may state that your mental health coverage is limited to "medically necessary" services. Each insurance company has its own definition of medical necessity. If your condition does not meet their definition, your services might not be covered. Your insurance company also may require a specific type of therapy or specific therapy goals. You and I will discuss the nature of your problems and try to set specific goals for treatment that falls within your insurance company's guidelines.

Note: Insurance normally does not cover fees for late cancellations, no shows or telephone consultations.

Generally, identifying information, dates of service, type of service and diagnosis is required for insurance coverage. Some plans also require background information about you, more detail about your problems and diagnoses, and our treatment plan. Rarely, they may require that I send them your entire clinical record. Your insurance company will decide, based upon the information sent them, whether they will cover my services. If they approve further sessions, they might assign a specific number of sessions and require us to work on your problem as intensely as possible with the focus of eliminating acute symptoms. I will work with you to accomplish the identified goals in a cost-effective manner.

Sometimes people are uncomfortable sharing personal information with their insurance company. Should you prefer that your insurance company not be billed, I will respect that.

Primary Insurance Company _____ ID # _____

Employer/Group Name _____ Group # _____

Subscriber is: Self Spouse Parent Subscriber Name _____

Date of Birth _____ Phone # _____

Address _____ City _____ State _____

Secondary Insurance Company _____ ID # _____

Employer/Group Name _____ Group # _____

Subscriber is: Self Spouse Parent Subscriber Name _____

Date of Birth _____ Phone # _____

Address _____ City _____ State _____

Please sign to show that you have read and understand there may be limits to your insurance coverage. Your signature will authorize my office, including the billing manager, to bill your insurance for services rendered, to disclose requested information to your insurance company, and allow your insurance to reimburse me for those services. Your signature indicates that you agree to be responsible for paying your account in full. Your signature also indicates your awareness that your account, if not paid in full within 90 days will be sent to a collection agency, unless a payment plan has been agreed upon between the you and your therapist Wendy Biondi, LMHC.

Signature

Date

508 W. 6th Ave. Suite 202, Spokane, WA 99204-2730

Phone: (509) 590-6339 Fax: (509) 624-4278 E-Mail: wendy@wendybiondi.com Website: www.wendybiondi.com