

New Insights Psychology / Elizabeth Winter, PhD Billing Information

This form is required for all patients – including self-pay and those with insurance coverage.

Patient Name: _____ DOB: _____

Gender:

Male

Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Contact: _____

Confidential messages OK? Yes No

(A signed release is necessary when the patient is over 18 years of age.)

Email: _____

Listing your email here constitutes permission to send protected health information via email.

Insurance Company: _____ Phone: _____

This policy is: Primary Secondary // **Do you have another insurance or EAP?** Yes No

(Please attach additional copy for additional insurance coverage information)

Are you covered by the Oregon Health Plan/Medicaid? Yes No / **Medicare?** Yes No

Name of Primary Insured: _____ DOB: _____

Relationship to Patient: _____ Employer: _____

ID#: _____ Group # _____

Check one of the following: Health Insurance EAP Worker's Compensation Auto Insurance

Address: _____

***** PLEASE ATTACH A CLEAR COPY OF THE FRONT AND BACK OF ALL INSURANCE CARD(S) *****

I have been given an opportunity to read the Billing Disclosure (attached), and I hereby authorize the provider named above, and appointed billing agent(s) to provide summary of care and assessment information regarding evaluation and/or treatment of the patient named above for the purpose of evaluating and processing claims for benefits.

I have disclosed all of the payer(s) that cover me. I understand that providing incorrect or incomplete information on this form may result in a higher than expected out of pocket expense for me. I will contact the billing office if any of the information reported on this form changes.

Signed: _____ Date: _____

Relationship to Pt: Self Other: _____ Printed Name: _____

Please return completed form by email at billing@professional-practice.org or Fax (503)419-4662.

Please contact us if you have not received a price estimate by email within 5 business days or if information on this form changes (Ph (541)234-4781).

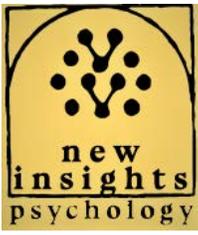
For Office Use Only:

Source _____ Dt ____/____/____ Rep _____ Eff ____/____/____

Ded _____ Cal Plan: _____ Pd@ _____ Co _____ INN/OON _____

OOP _____ Other: _____

_____ Eml ____/____/____ Pt ____/____/____ @ _____: _____ LM Ph Eml



Billing Information

Billing Information Disclosure

Thank you for completing your billing information form and attaching a copy of the front and back of your insurance card(s). Please review the information below to be familiar with the billing process. We would like to keep your out-of-pocket expense as low as possible, and we may need your help to make that happen.

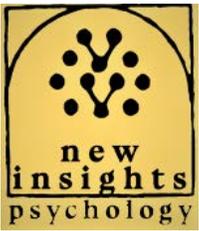
Completing the Form. The billing information form is necessary for all patients, whether you are covered by insurance or not. If you have insurance, filling in your ID# / Group # on the billing information form **and also** sending your insurance ID card may seem redundant, but it is important. Having your insurance company information in both places helps to ensure that billing is set up correctly.

Price Estimate. The billing office will reach out to you with a price estimate for routine services by secure email (to the email address that you fill in on the billing information form attached) within two business days of receiving your completed billing information form and a copy of your insurance card(s). **Please note that this is an estimate based on information provided by your insurance company, not a guarantee of payment. Final benefit determination will be made by your insurance company after they have received the claim.** We encourage you to contact your insurance company verify your benefits and the terms of your plan. The billing office can provide you with a Patient Price Estimate Worksheet for gathering information to verify your benefits. In some cases, a completed Patient Price Estimate Worksheet can support an appeal if your insurance processes claims differently than they said they would.

Carve-Out Plans. Occasionally, a commercial medical insurance plan will carve out mental health benefits to another company. (In other words, you may have medical insurance with one company, but your mental health claims may be processed by another company.) We can find out about situations like this during the price estimate. If your mental health benefits are carved out to a company that your provider is out of network with, you may have a higher than expected out of pocket expense for treatment. Please be sure to return your insurance information form to the billing office at least 5 business days before your first session so that we can send you a price estimate and discuss options before your scheduled appointment.

Changes. Please contact our office immediately if anything reported on the Billing Information form changes. In some cases, a change of your information will change your out-of-pocket expense for treatment, even if the type of treatment that you are receiving doesn't change. We may not be able to bill your insurance or warn you of increased out-of-pocket expense if we don't have current information.

EAP Benefits. If you have EAP benefits, your EAP may be managed by a different company than your medical insurance. If you would like to use your EAP benefits, please contact your EAP to make sure that the provider you are seeking treatment with is in your EAP network. Most EAP plans will not pay for services with an out-of-network provider. We cannot bill your EAP if we don't have your EAP authorization information in writing from your EAP administrator prior to treatment. Please send a copy of your EAP authorization letter/email to our office with your Billing Information form so that we can bill your EAP. In many cases, we cannot bill EAP plans retroactively, so it is especially important that you send a copy of your EAP authorization with your Billing Information form to ensure that your EAP can be billed.



Billing Information

Additional Coverage. If you have more than one insurance coverage, please attach an additional copy of the Billing Information form with your other insurance information and a copy of the front and back of your insurance card(s) for all plans and policies that cover you. **Please include this information even if you don't think that your other insurance will cover the treatment you're seeking.** If your insurance denies your claim because they think that another payer should be billed first (also known as 'Coordination of Benefits'), we will send you a statement for the balance due, noting that your insurance indicated that you have another coverage that should be billed first. If we don't receive your primary insurance information from you before the deadline established by your primary insurance company, you may be liable for the entire balance of the claim, as established in ORS 410-120-1280.

If you have any questions, please contact our office:

Phone (541)234-4781 / Email: billing@professional-practice.org / Fax (503)419-4662

Mail: PO Box 503010, White City, OR 97503-0813

Thank you.

Professional Practice