Chapel Hill Psychiatric Associates, PA

AUTHORIZATION FOR TREATMENT

In order to utilize your mental health benefits, it is likely that your insurance carrier requires you to obtain an authorization for treatment within *24 hours of your first appointment*. In order to bill the insurance on your behalf, we ask that you contact your insurance carrier and obtain the following information. When completed, please provide the front desk staff with the completed information or fax to us at 919.442.1105.

NAME OF CLIENT: _____

NAME OF INSURANCE: _____

EFFECTIVE DATE OF AUTHORIZATION: _____

EXPIRATION DATE OF AUTHORIZATION: _____

NUMBER OF VISITS AUTHORIZED: _____

AUTHORIZATION NUMBER: _____

PROVIDER(S):

___ Kathleen Transue, ANP

___ Tracy Ware, MD

___ Lizzette Potthoff, LCSW

___ Pat Roos, PhD

___ Elizabeth Parker, LCSW

___ Brad Prinzhorn, PhD

SERVICE CODE(S):

___ 90801 (Intake Evaluation)
___ 90807 (45 Minute Therapy and Medication Management)
___ 90806 (45 Minute Psychotherapy)
___ 90805 (30 Minute Therapy and Medication Management)
___ 90804 (30 Minute Psychotherapy)
___ 90862 (Medication Check – no time limit)
___ 90847 (Family Therapy)
___ Other: _____

WAIVER: My insurance company does not require preauthorization for mental health services. I understand that any insurance denial of payment due to lack of preauthorization will result in my being responsible for the full amount of the bill. (See Policy and Procedures for additional information regarding services for which you may be financially liable.)

X_____ _____

Signature of Client/Parent/Guardian/Person legally responsible for patient Date