

**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:  Kathleen Transue, ARNP    Tracy Ware, MD    Lizzette Potthoff, LCSW  
 Tracey Lee-Jones, DNP    Elizabeth Parker, LCSW    Brad Prinzhorn, PsyD  
 Andrea Treimel, LCSW

SERVICE CODE(S):

- |  |  |   |
|--|--|---|
| Dr Ware, K. Transue, ANP, & T. Lee-Jones | <input type="checkbox"/> 99205<br><input type="checkbox"/> 90792<br><input type="checkbox"/> 99215<br><input type="checkbox"/> 99214                 | New Patient Eval and Mngmt<br>New Patient Eval and Mngmt (Magellan)<br>35+ Minute Med Management<br>15-25 Minute Med Management |
| Therapists                               | <input type="checkbox"/> 90791<br><input type="checkbox"/> 90834<br><input type="checkbox"/> 90837<br><input type="checkbox"/> 90847<br>Other: _____ | Intake Evaluation with Therapist<br>45 Minute Psychotherapy<br>60 Minute Psychotherapy<br>Family Therapy                        |

WAIVER:

My insurance company does not require preauthorization for mental health services. I understand that any insurance denials due to lack of preauthorization will result in my being responsible for the full amount of the bill.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date