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, ANP □ Tracy Ware, MD □ Lizzette Potthoff, LCSW
□ Pat Roos, PhD □ Elizabeth Parker, LCSW □ Brad Prinzhorn, PsyD
□ Marianne Fougere, LCSW

SERVICE CODE(S)		
Dr Ware and K. Transue, ANP	□ 99205 □ 90792 □ 99215 □ 99214	New Patient Eval and Mngmt New Patient Eval and Mngmt (Magellan) 35+ Minute Med Management 15-25 Minute Med Management
Therapists	□ 90791 □ 90834 □ 90837 □ 90847 Other: _____	Intake Evaluation with Therapist 45 Minute Psychotherapy 60 Minute Psychotherapy 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