F.A.I.R. COUNSELING

Insurance Declaration

This document is required for your file.

Choosing to bill for counseling sessions through your insurance carrier is an important decision you must make. According to federal regulations, you may choose to pay out-of-pocket and NOT bill through your insurance policy. Clients who so opt are called, Self Pay Clients. Should this be your preference, we (Families & Adolescents in Recovery, Inc.) would NOT have the authorization to share your records with your insurance company. The decision you make at the outset of services may be changed at any time by completing a new form and updating your file. The rates you pay for services as a Self Pay Client may be higher than the rates you would pay if we were in-network with your insurance company. Should you decide at a later date to bill to your insurance company, your rates for services would reflect either the insurance-rate or Self Pay Client rate at the time services were provided ACCORDING TO YOUR ACTIVE CONTRACT WITH FAMILIES & ADOLESCENTS IN RECOVERY INC. ON THOSE DATES OF SERVICE.

Here is an example. Let's say you opt to be a Self Pay Client in January and pay for services at $150 per session for 4 weeks. In February, you may sign a new Declaration and authorize billing insurance. Your February sessions will be billed to insurance, but we will not retroactively change your status from Self Pay Client to Insurance Client for those January dates of service. We would provide you (upon your request) with an insurance-ready receipt which you could submit to your insurance company for reimbursement for the January sessions.

ALL CLIENTS ARE ASSUMED TO BE SELF PAY UNTIL PAGE 2 OF THIS DOCUMENT HAS BEEN COMPLETED AND ACCEPTED BY FAMILIES & ADOLESCENTS IN RECOVERY, INC (FAIR COUNSELING).

Page 3 of this document is designed to help you communicate with your insurance company about your policy and determine what your out-of-pocket expenses will be. It is not a guarantee of payment. Unless you opt to be designated as a Self Pay Client, you must complete page two of this document.

Knowing your out-of-pocket expenses prior to receiving services is your right and your responsibility!

☐ I opt to be designated as a "Self Pay Client" at FAIR Counseling (Families & Adolescents in Recovery, Inc.). I will pay for sessions out-of pocket with cash, check, or credit card, in accordance with my signed contract for services. I do not authorize FAIR Counseling, its agents or employees, to share my private information with my insurance company.

☐ I HAVE COMPLETED PAGE 2 OF THIS DOCUMENT, and I would like to seek payment for services through my insurance company. I understand that if FAIR Counseling (Families & Adolescents in Recovery, Inc.) is "out of network" with my company or subcontracted insurance vendor/clearing house, I will be responsible for the full rate of services and provided with an "insurance ready" receipt that will contain my diagnosis and other protected information. I accept responsibility for any copays, coinsurance amounts, deductible payments, or any portion of the session fees not covered by my plan. I grant this permission to be effective as of the date of my signature and witnessed by a representative of FAIR Counseling (Families & Adolescents in Recovery, Inc.).

_____ _____

Client/Client Representative's Signature Date

_____ _____

Fair Counseling Employee/Agent Date

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Insurance Information Required for 3rd Party Payment Consideration

Policy Holder's Name _____ Date of Birth ____/____/____

Address _____

Policy ID# _____ Policy Group# _____

Client's Name: _____ Date of Birth ____/____/____

Relationship to Policy Holder ☐ Self ☐ Spouse ☐ Parent/Child

Name of Insurance Company found on the front of the card: _____

Any other company names found on the front or back of the card: _____

Phone number for Behavioral/Mental Health: _____

Does your card mention "PRE-AUTHORIZATION" on front or back? Yes ☐ No ☐

If YES, what is the phone number listed _____

INSURANCE COMPANY'S PAYOR ID (5-digit, can be numbers and/or letters) _____

Do you have a Health Savings Account you would like to use towards your out of pocket expenses? Yes ☐ No ☐
If YES, bring your card with you at the time of service. Be sure you have the funds in your account to pay for services.

Use the next page to communicate with your insurance company to find out exactly what your out-of-pocket expense will be prior to your first appointment.

FOR OFFICE USE ONLY

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Use this page to communicate with your insurance company about coverage for mental health services. Have your card with you when you call.

Date & Time of call: _____ Name of person who takes your call: _____

Say, "I'm calling to clarify my benefits and coverage for out-patient mental/behavioral health."

The person on the phone will then ask you questions to 'find you' in their system. Be ready to provide the numbers from your card, your date of birth, and your address.

Ask, "Is my therapist, or her/his group, Families & Adolescents in Recovery, Inc., on the Participating Provider List?"

☐ YES — On the Panel ("In Network") ☐ NO — (Out of Network)

Can you tell me the benefit information for my provider? (clarify ☐ IN or ☐ OUT of network)

What is my deductible? Amount $_____ How much has been met to date? Met to date $ _____

Is that for family or individual? _____ Is it per Calendar Year?" ☐ Yes ☐ No – Begins _____

What is my Copay or Coinsurance? _____ Is that a fixed amount or percentage? _____

What is the Effective Date of my policy? _____ How many visits am I allowed per year? _____

Is Pre-authorization needed? ☐ Yes ☐ No

If yes, what phone number can my therapist call to preauthorize sessions? _____

Does my plan cover CPT code ☐ 90876 ☐ 90837 ☐ 90847

Are any diagnoses excluded from coverage?_____ Are Z-codes covered?" (e.g., Z63.0) _____

What is the company's electronic payer ID? _____ Do you accept electronic submission? _____

How should claims be submitted for either payment to my therapist or reimbursement to me?

FAX: _____ Mailed to: _____

Other instructions:

Verifying benefits does not guarantee payment for services. If preauthorization is required, call your therapist immediately and make sure they know this before your first scheduled appointment!