

## House Psychiatric Clinic- Registration & Insurance Form

In order to complete this form, you will need to call your insurance company's customer service line and speak with a representative.

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male\_\_\_ Female\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Guardian's Name (if patient is a minor): \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Widowed

Employment Status: \_\_\_Employed \_\_\_Unemployed \_\_\_Student \_\_\_Disabled

Employer (if patient is a minor, name of school): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Will you be using insurance? Yes\_\_\_ No\_\_\_

Social Security Number (Required if using insurance): \_\_\_\_\_

What is your insurance company? \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Name of subscriber on your insurance plan: \_\_\_\_\_

What is the subscriber's relationship to the patient? \_\_\_\_\_

Subscriber's Social Security Number: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_

Subscriber's Employer (Company Name): \_\_\_\_\_

Does your insurance company have a different company that handles your mental health benefits? If so, what is the company? (This is called a "mental health carve-out" and is how most people end up owing more money than they expect. We are in network with many carve-out companies, but not all of

them.) To find this out, please ask the customer service rep where our office would send your mental health claims, and write the name of the company below.

Name of Mental Health Carve-Out Company: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a deductible? Yes\_\_\_ No\_\_\_ If yes, what is the deductible? \_\_\_\_\_

Do you have a copay? Yes\_\_\_ No\_\_\_ If yes, what is the amount per visit? \_\_\_\_\_

Do you have co-insurance? Yes\_\_\_ No\_\_\_ If yes, what is the amount per visit? \_\_\_\_\_

Does your insurance require preauthorization/registration for mental health services? Yes\_\_\_ No\_\_\_

If yes, write authorization number here: \_\_\_\_\_

How many visits does this authorization allow? \_\_\_\_\_

What is the start date for the authorization? \_\_\_\_\_ What is the end date? \_\_\_\_\_

How many visits are you allowed if you have a parity (severe) diagnosis? \_\_\_\_\_

How many visits are you allowed if you have a non-parity (not severe) diagnosis? \_\_\_\_\_

**Please sign your name to one of the following:**

I understand that it is my responsibility to obtain initial authorization from my insurance company (if authorization is required) if using insurance, and any time there is an insurance change. I understand that I am responsible for all charges, regardless of insurance coverage. I understand my copay/deductible amount/coinsurance is due at the time of service.

Sign here: \_\_\_\_\_

I understand that I am paying privately for services rendered, and not utilizing insurance. I understand that I am responsible for all charges in full. If I later submit this claim to an insurance company, House Psychiatric Clinic will not be liable for any contractual reductions I might be entitled to receive.

Sign here: \_\_\_\_\_