

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, Chapel Hill Psychiatric Associates 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: _____ DOB: _____

NAME OF INSURANCE: _____

PLEASE CALL PHONE NUMBER FOR MENTAL HEALTH COVERAGE (ON BACK OF CARD) AND GET THE FOLLOWING INFORMATION:

BILLING ADDRESS FOR BEHAVIORAL HEALTH CLAIMS:

Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATION NUMBER: _____

EFFECTIVE DATE OF AUTHORIZATION: _____ EXPIRATION DATE: _____

NUMBER OF VISITS: _____

PROVIDER: Kathleen Transue, ANP Tracy Ware, MD Lizzette Potthoff, LCSW
 Pat Roos, PhD Elizabeth Parker, LCSW Brad Prinzhorn, PsyD

SERVICE CODE(S):

Dr. Ware & K. Transue	99205 or 90792	New Patient Evaluation and Management
	99213	Med Management
	99214	Med Management
	99215	Med Management
	90833	Add on code for Med Provider
	90836	Add on code for Med Provider

Therapists	90791	Intake Evaluation Therapist
	90834	45 Minute Psychotherapy
	90837	60 Minute Psychotherapy
	90847	Family Therapy
	Other: _____	

WAIVER:

I understand that if for any reason my insurance denies payment for services provided by CHPA that I will be responsible for payment of any and all charges incurred.

Signature of client _____ Date: _____