

Insurance Declaration Form

THIS DOCUMENT IS REQUIRED FOR YOUR FILE.

North Shore Counseling, Ltd.

425 Huehl Rd., #19B

Northbrook, IL 60062

www.northshorecounseling.com (847) 205-0371

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 (North Shore Counseling, Ltd.) would NOT have the authorization to share your records with your insurance company. The decision you make at the outset of services may be reversed at any time by completing a new form and updating your file. However, please note that the rates you pay for services as a Self Pay Client may be higher than the rates you would pay if we were an in-network provider with your insurance company. Should you decide at a later date to submit bills to your insurance company, your rates for services would reflect the insurance-rate or Self Pay Client rate AT THE TIME SERVICES WERE PROVIDED ACCORDING TO YOUR CONTRACT WITH NORTH SHORE COUNSELING, LTD.

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. You cannot retroactively change your status from Self Pay Client to Insurance Client for those January dates of service at a later date. If you decide to bill insurance for your February sessions, you would need to complete a new form expressing that preference, and your rates would reflect that change for your February sessions and all subsequent sessions as long as that is your expressed preference.

Page 2 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 North Shore Counseling, Ltd. 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 North Shore Counseling, Ltd., its agents or employees, to share my private information with my insurance company.

I would like to seek payment for services through my insurance company. I understand that if North Shore Counseling, Ltd., or its parent company "North Shore Wellness Services, Ltd." is "in network" with my company, my rates may be discounted according to their contract with my insurance company. I understand that if North Shore Counseling is "out of network" with my insurance company, I will be responsible 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 North Shore Counseling.

CLIENT/CLIENT REPRESENTATIVE'S SIGNATURE

DATE

NORTH SHORE COUNSELING EMPLOYEE/AGENT

DATE

Use this page if you wish to communicate with your insurance company about coverage for mental health services. Complete as much as you can on this form before calling the number on your card.

Insured's Name _____ Date of Birth ___/___/___ Policy ID# _____

Client's Name _____ Date of Birth ___/___/___ Group # _____

Name of Insurance Company:	Phone:	Mail Claims to:

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 health."

Say, "Is my therapist, or her group, North Shore Counseling, Ltd., on the Participating Provider List?"

NORTH SHORE COUNSELING, LTD. NPI=1073639126, TIN=20-1179777
 (Also known as North Shore Wellness Services, same NPI & TIN numbers)
 *Victoria Manion Fleming, Ph.D., LCPC - Licensed Clinical Professional Counselor

On the Panel ("In Network") _____ Not on the Panel ("Out of Network") _____

If your therapist is out of network, be sure to ask for "out of network" benefits. If your therapist is in network, be sure to ask for "in network" benefits.

"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?" _____ "Is that a fixed amount or percentage?" _____

"What is the Effective Date of my policy?" _____

"How many visits am I allowed per calendar year?" _____ "What is the lifetime maximum?" _____

"Is Pre-authorization needed?" No/Yes If yes...

"What phone number can my therapist call to preauthorize sessions?" _____

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!