

Child and Adolescent Clinic PC

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Insurance Authorization and Guidelines

Our office has agreed to bill your insurance company. It is essential to fill out all items on the Information Form and Insurance Checklist for insurance billing. **We also need a copy of your insurance card, front and back.**

You are responsible to pay the deductible, co-pays, and any amount the insurance does not pay. You are responsible to get Pre-authorization, for out-patient psychotherapy, from your insurance company, **if your insurance company requires this. HMO plans require pre-authorization. You are required to stay with an HMO “in network” provider.**

You are responsible to call your insurance company to establish your deductible and co-pay. **If your deductible is not met, full payment is required until the deductible is met. Once the deductible is met, your co-pay is due after every session.**

Reports and Surveys: Verbal and written reports will be billed at \$2 per minute. If a report requires more than an hour of time you will be notified in advance. One page diagnostic reports to physicians will be billed at \$50. **Insurance typically will not pay for these reports.** All referrals to psychiatrists for second opinions or medication require verbal and sometimes written reports. **Survey fees are due “in full” at the time of the interpretation session.** Insurance companies **do not** pay this cost.

School Consultation: \$150 per hour will be charged for school consults. Preparation time will be billed at \$65 for ½ hour and \$130 for 1 hour. Phone consultation with school staff or parents will be billed according to the following schedule: 1st 15 min.- \$40, 15min intervals thereafter - \$30. Most insurance plans will not pay for these services.

When you have terminated therapy, you will be notified when all insurance money is collected. If there is a remaining balance you are responsible to pay that balance within 30 days. Any bill past 90 days will be considered delinquent and turned over to a collection agency, at which time a collection fee will be added to your remaining balance.

Cancellation of appointments must be made 24 hours in advance to avoid being charged the full amount of the appointment. Insurance cannot be billed for missed appointment.

I have read and agree to abide by the above guidelines.

Signature of Responsible Party:

Date: _____

I authorize the release of any medical or other information necessary to the insurance company to process the insurance claim.

Signature of Responsible Party:

Date: _____

I authorize payment of psychiatric outpatient benefits from insurance to Child and Adolescent Clinic, PC

Signature of Responsible Party:

Date: _____

Signature of Witness

Date: _____