

Insight Provider Success Tip Sheet

Our goal is to make our work together as efficient and straightforward as possible. Here is important information to facilitate great care for our clients, timely reports to their companies, and prompt payment for you.

FOR ALL CLIENTS

- See only clients for which you have received Insight Provider Paperwork.

 If a client calls and you have not heard from us, please direct the client to call us to authorize sessions.
- Client has 30 days from date of referral to make contact. If no contact after 30 days, authorization is void.
- Call for authorization before seeing clients for more than 3 visits.
- Be certain all forms have been completed when you send your invoice. (May be sent at the same time)

BASIC REFERRAL CHECKLIST: 1. Inform us when client makes first appointment. 2. Return these THREE forms: ☐ Insight Provider Referral & Report Form ☐ Release of Information for InSight Program ☐ Insight Provider Client Assessment	SUPERVISOR REFERRAL CHECKLIST: 1. Inform us when client makes first appointment. 2. Call us after each appointment to review session. We contact the Supervisor. 3. Return these FOUR forms: ☐ Insight Provider Referral & Report Form ☐ Release of Information for InSight Program ☐ Release of Information for Supervisor to Insight Case Manager ☐ Insight Provider Client Assessment
PLEASE SEND BILL OR INVOICE INCLUDING THE FOLLOWING: Name of Client Name of Company and Therapist Dates of Sessions (must match those listed on the Insight Provider Referral & Report Form)	
1	ERVICES RENDERED: entation Received Will Be Paid as Follows: 31-60 Days of Final Session = 25% Reduction 90+ Days of Final Session = Forfeiture of Payment

HELP US KEEP YOUR FILE UP-TO-DATE:

Copy of Current Licenses

Copy of Malpractice Insurance
Any Instructions for Insight about Referring Clients

Correct Contact Information