

Dr. King is on most insurance panels except Altius. However, changes in insurance company management and policy occur. Please contact your insurance company to make sure Dr. King is a provider.

Psychologists spend many hours completing lengthy applications for insurance companies. They provide evidence of their credentials and submit to background checks. Some companies require providers to complete additional paperwork or contact the company by telephone for each patient in order to receive permission to provide services. This is time consuming and there is no way for the psychologist to receive payment for this time.

Dr. King will not agree to complete paperwork or make telephone calls to insurance companies for the purpose of seeking authorization for initial or ongoing treatment. She chooses not to remain on the panels of companies that require her to do this.

Some companies allow patients to obtain prior authorization themselves. If patients are able to provide Dr. King with the necessary authorization number to be used when submitting claims, then there should be no problem. However, be aware that if a claim is denied because prior authorization was not obtained, the patient will be responsible for payment for services.

In addition, Dr. King chooses not to remain on panels of companies that require her to seek authorization for ongoing treatment. If a claim is denied because the insurance company failed to receive a treatment plan or other paperwork required by the company in order for treatment to continue, the patient will be responsible for payment for services.

Your signature below indicates you understand and agree to the terms and conditions outlined above.

Printed name of patient

Date of birth

Signature of responsible party

Date signed

PLEASE REMEMBER TO BRING INSURANCE CARDS TO FIRST APPOINTMENT.

Please also complete and submit the form on the following page.

Patient Name: _____ DOB: _____

Primary Insurance Co: _____

Name of Subscriber: _____

Relationship of subscriber to patient: _____

Please contact the insurance company to obtain the following information:

Is Dr. King a provider for this insurance company? Yes No

If not, will the insurance company pay for a portion of Dr. King's fees even though she is not a provider? NA Yes No

Does this insurance company require prior authorization for treatment? Yes No

If yes, are you able to obtain the authorization yourself? NA Yes No

If yes, have you obtained authorization? NA Yes No

Authorization Number: _____

Number of Visits Authorized: _____

Is Dr. King required to submit any forms or documents, or contact the company in any way in order for treatment to be started or continued? NA Yes No

If yes, please explain: _____

Is there a deductible which must be met before the insurance company will pay for any portion of Dr. King's fees? Yes No

If yes, what is the amount of the deductible? \$_____

Is your co-payment a dollar amount, or is your co-payment a percentage of the allowable charges?

My co-payment is a specific dollar amount. That amount is: \$_____ per visit.

My co-payment is a percent of the allowable charges. That percent is _____%.

Secondary Insurance Co: _____

Name of Subscriber: _____ Relationship of subscriber to patient: _____

Signature of responsible party

Date signed 01/10