

Christiane Elsbree, MSW, LICSW  
6300 - 9th Avenue NE, Suite 340  
Seattle, WA 98115  
(206) 522-0269

**If you wish me to bill your health benefit plan for outpatient mental health services please complete the following:**

Carrier Name: \_\_\_\_\_

Send Claims to: \_\_\_\_\_

\_\_\_\_\_

Phone # re Claims Questions: \_\_\_\_\_

Subscriber/Insured Name: \_\_\_\_\_

Subscriber/Insured ID #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Group #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Relationship to Subscriber: Self Spouse Child Other

Is there another health benefit plan? Yes No

If yes, please provide information:

Other Insured's Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Insured's ID #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Group #: \_\_\_\_\_

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**SOME QUESTIONS TO ASK YOUR HEALTH PLAN CARRIER RE YOUR COVERAGE**

Do you have coverage for outpatient mental health services? yes no  
What is the effective date of coverage? \_\_\_\_\_

Is there a waiting period for preexisting conditions? yes no  
Have you satisfied it? yes no  
If not, when will it end? \_\_\_\_\_

How many out-patient mental health visits are allowed per calendar year? \_\_\_\_\_

Do you have to satisfy an annual deductible? yes no How much? \_\_\_\_\_  
Has it already been met for this year? yes no

What is your copayment? \_\_\_\_\_  
Are you additionally required to pay a percentage of the fee? \_\_\_\_\_

Is "Christiane Elsbree", a preferred provider with your plan (refer to my business card for my credentials)? yes no "in-network" or "out-of-network"

Do you have coverage for these current procedural codes? 90806 90847 90846 90853  
couples or family visits: CPT Codes 90846 & 90847  
group visits: CPT Code 90853  
individual visits: CPT Code 90806

My fee is \$100 (subject to change) per visit for CPT Codes 90806/90847/90846.  
What can you expect your portion of the charges to be? \_\_\_\_\_

Does your health benefit plan require pre-authorization or referral for individual psychotherapy (CPT Code 90806)? yes no  
What documentation needs to be submitted to receive authorization for additional visits?

\_\_\_\_\_

How frequently do they need to be submitted? \_\_\_\_\_  
Who reviews them? \_\_\_\_\_

**Agreement to Pay:**

I understand that I am responsible for payment for all services rendered. Payment at each session is preferred. When I am billed for balances not covered by my health plan, I understand that payment is to be made within thirty days of receipt of statement. I further understand that I will be charged full fee (\$100) unless otherwise stated for all missed appointments not cancelled at least 24 hours in advance. My health benefits plan will not be billed for those appointments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign authorizations in boxes 12 & 13 of the HCFA-1500 billing form**