



DESERT VIEW
COUNSELING & CONSULTING

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2018 Insurance Verification Forms

For existing clients only, please complete the following forms and fax back to our office or turn in to your therapist at your next appointment.

Thank you,

Desert View Counseling & Consulting

Fax: 623-486-8276

2018 Insurance Verification

Therapist: _____ Date of Appt: _____

Clients Full Name _____ DOB _____

Address: _____

Phone # _____ Alt Phone # _____

Policy Holder's Name _____ DOB _____ Relation _____

Insurance Company _____ ID # _____

Insurance Phone # _____ Group _____

Employer _____

Do you have a NEW EAP Authorization: Yes / No

ATTENTION: To utilize any 2018 EAPs, you will need to call your specific Employee Assistance Program and set up your authorization prior to your appointment. Please fill in the following:

EAP Company _____ Phone # _____

of Session _____ Auth # _____

Dates _____ (Office Info only) Date Verified _____ BY _____

COMPLETED BY FRONT OFFICE STAFF

Managed Care Coverage

Out of Pocket _____ /Met _____ Effective Date _____

Deductible _____ /Met _____ Cal YR / Plan YR _____

Coinsurance _____ / _____ Visit #: _____ Auth _____

Copay _____ Address _____

Codes Allowed & Fees:

90791: Yes No _____ 90837: Yes No _____

90834: Yes No _____ 90847: Yes No _____

Updated Signature Date

Updated Insurance in Helper

Entered EAP Auth

Date checked _____ Initial's _____

Billing and Payments

- The hourly rates for therapy as well as other services such as writing a report or letter, telephone conversations longer than 10 minutes, court testimony and medical record copies, etc., are posted in the office and are in accord with the standard community rates as well as with the insurance companies for whom we have contracts.
- It is important you understand your insurance coverage is a contract between you and your insurance company and that you are ultimately responsible for the payment of your account.
- It is your responsibility to familiarize yourself with your insurance benefits. We will bill your insurance company one time; however you are financially responsible regardless of insurance coverage.
- You will be expected to pay for each session at the time it is held, unless you have insurance coverage which requires another arrangement. (In circumstances of unusual financial hardship, DVCC may be able to negotiate a payment plan)
- Some insurance companies pay you directly, and in that situation you are responsible to pay at the time of the service.
- Billed balances are due and payable within 30 days. Prior authorization for services is required by some insurance companies, but is not a guarantee of payment. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Desert View Counseling has the option of using legal means to secure the payment. This may include utilizing a collection company. If legal costs are necessary, those costs will be included in the claim.
- Please keep track of the number of sessions your insurance company has authorized and talk with your clinician about the process required by your plan to authorize additional sessions. We do not regularly bill you for services, as all payments are due at the time of the service.
- If you plan to use your Employee Assistance Plan to pay for your 1st several sessions, please understand YOU MUST obtain authorization PRIOR to the day of your service. If the prior authorization and EAP information isn't provided prior to the service, DVCC will bill the medical insurance plan on file for that date of service. You will be responsible for applicable copays or coinsurance. We will not hold the service and bill it later.

Termination of Treatment Services

- Treatment will end when the treatment goals have been accomplished, or
- The clinician may terminate treatment when the client is not following / actively participating in their treatment as prescribed. The clinician will discuss the situation and a new plan will be formulated or will assist the client in locating referral sources, community options, and supports as appropriate.
- The client may end treatment at any time. Please feel free to discuss your thoughts about this at any time during your treatment.
- Attending scheduled sessions is important to your success in therapy. Clinicians may terminate therapy if regular attendance hinders your progress.
- Treatment may change if your clinician determines you need a more intensive or different type or level of care.
- Termination may be necessary if your clinician determines the clinical atmosphere is not conducive to successful outcomes.

Email Appointment Reminder Consent

We can send you an appointment reminder by email. The appointment reminder will include only the date and time of your appointment and your service provider name. We will not encrypt the messages. Health care information sent by regular email could be lost, delayed, intercepted, delivered to the wrong address, or arrive incomplete or corrupted. If you understand these risks and would like to receive an appointment reminder by email, Desert View Counseling needs you to confirm you accept responsibility for these risks, and will not hold us responsible for any event that occurs after we send the message. If you agree to these conditions, please print your name and email address legibly in the space provided and sign.

Email Address (print legibly)

Print Name of person receiving email (client, parent or guardian)

DATE _____

Signature of Consent

