



**OTHER INSURANCE (OPTIONAL):**

*Michael Reeder ("Hygeia Counseling Services") only accepts Maryland Medicaid. Services are frequently partially reimbursable if you have other insurance with out-of-network benefits. We will provide you with a monthly statement upon request which you may submit to your insurance for direct reimbursement to yourself. The following information will help us provide you with a statement more likely to be accepted by your insurance company for reimbursement. You may elect to forgo filling this section out and simply pay out-of-pocket.*

**Things we need:**

Photocopy of insurance card -- front and back: \_\_\_\_\_ (check if provided)

Insured's full name (spouse or parent if you are on someone else's insurance)

\_\_\_\_\_

Insured's date of birth: \_\_\_\_\_

Insured's ID number: \_\_\_\_\_

Insured's employer: \_\_\_\_\_

Insured's address and phone number if different from yours:

\_\_\_\_\_

Is there a secondary health benefit plan?: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Your ID number: \_\_\_\_\_

Your address:

\_\_\_\_\_

Your phone number: \_\_\_\_\_

**Things you need to know (for your own peace of mind):**

- 1) Confirm you have out-of-network coverage
- 2) Do you need a referral?
- 3) Do you need a pre-authorization to start seeing someone? (If yes, will they backdate it to the first time we see each other?)
- 4) Do you have a deductible and have you met it?
- 5) What is your co-pay?
- 6) What is the "reasonable amount" (or "usual and customary charge") that the insurance company deems adequate pay for a therapy session? So if you have met your deductible, your co-pay is \$15, and the "reasonable charge" for a therapy session is \$65, then you would pay \$140 and get back \$50 from insurance (\$65-\$15).

*I certify that the information given is accurate to the best of my knowledge. I understand that I am financially responsible to Michael Reeder (TA Hygeia Counseling Services) for services rendered. I understand that payment is due at time of service unless prior arrangements have been made, and that services may be discontinued if payment is not made.*

\_\_\_\_\_  
Client Signature

Version 01/02/11

\_\_\_\_\_  
Date