

Carolina Psychological Associates, P.A.
5509-B West Friendly Avenue
Suite 106
Greensboro, N.C. 27410-4249
INSURANCE INFORMATION

Did you call for Pre-Authorization? NO ___ YES ___ Pre-Auth Number: _____

MANY INSURANCE COMPANIES REQUIRE PRE-AUTHORIZATION FOR MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES. IF THIS IS REQUIRED BY YOUR INSURANCE CARRIER AND YOU DID NOT CALL, BE AWARE THAT YOU MAY BE PENALIZED WITH DENIAL OR REDUCED BENEFITS.

We will gladly file your insurance for you as a courtesy. However, we must have **FULL INSURANCE INFORMATION COMPLETED BELOW**. It is up to the client to know his/her insurance coverage, including knowledge of co-payment amounts and yearly deductibles. We cannot verify this information for you. If payment of the bill has not been satisfied by the insurance company within **90 days**, it is the responsibility of the client or guardian to pay the bill in full. **We will not wait for secondary insurance to pay the balance. Co-payments and deductibles are always due at the time of service.**

Client's Name: _____

Client's relationship to insured: _____

Client's status: Single ___ Married ___ Widowed ___ Partnered ___ Other ___

Employed ___ Full time student ___ Part time student ___

Insured's Name: _____

Insured's Address: _____

City _____ State _____ Zip _____

Insured's Social Security Number: _____ DOB: _____

Insured's Gender: Male ___ Female ___

Insured's Employer or School: _____

PRIMARY INSURANCE COMPANY: _____

Address (where to mail claims): _____

City: _____ State _____ Zip _____

Policy Number : _____ Group Number: _____

SECONDARY INSURANCE COMPANY: _____

Insured's Name: _____

Insured's Address: _____

City: _____ State _____ Zip _____

Insured's Social Security Number: _____ DOB: _____

Insured's Gender: Male ___ Female ___

Insured's Employer or School: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____