



**West Vernon Center
Raleigh Psychological Associates
122 West Vernon Ave
Wake Forest, NC 27587**

Insurance Information

If you are covered by **BCBS, Medicaid or NC State Health Plan** you must notify Jackelin Veloz-Jefferson, Ed.S. in the first session and return this form.

Check your policy carefully. Some cards show that BCBS logo, and reimburse medical costs in network but outsource mental health benefits to a plan manager such as *ValueOptions, Magellan, CIGNA, etc.* EVEN THOUGH your medical benefits are through BCBS or State Health. Jackelin Veloz-Jefferson, Ed.S. does not participate in those other, managed plans and you will need to pay in full at the time of service. Jackelin Veloz-Jefferson, Ed.S. is “opted out” of Medicare.

If you are covered by BCBS, Medicaid or NC State Health and you do NOT choose to use your insurance to pay our fees you must request and sign an “opt out” form.

- If you began psychological testing/evaluation without authorizing insurance filing and reimbursement, you must self-pay for any and all evaluation and testing services provided and may not request filing after the assessment is begun.
- If you began treatment without requesting insurance filing and reimbursement, and later decide you want claims filed, you can give written notice at any time to begin filing claims. In this instance, filing can begin effective on the date your notice and information are received by Jackelin Veloz-Jefferson, Ed.S.; you must agree not to file for sessions provided before your request was received.

Even when you are covered by a plan in which Jackelin Veloz-Jefferson, Ed.S. participates, **you** are responsible for **deductible, co-payments, co-insurance, pre-authorizations, and authorization renewals**. Insurance never covers **late-cancelled or missed**-without-notice fees, telephone sessions, preparation of reports, or services rendered for legal or educational purposes; you will pay these out of network.

If Jackelin Veloz-Jefferson, Ed.S. believes you need to have requested a **non-covered service**, you will be advised and asked to sign an *Advance Beneficiary Notice of Non-coverage* if you wish to have the service provided at out-of-network rates that you will pay out-of-pocket. It is your responsibility to familiarize yourself with your policy. Notify us of any changes in your coverage.

If Jackelin Veloz-Jefferson, Ed.S. does not participate in your insurance network, you will pay in full at each session or leave a credit card authorization on file. We can provide you with a “Superbill” and offer assistance as you file your own claims for reimbursement.

Enter all of the policyholder’s information, even if she or he is not the patient.

POLICYHOLDER’S name: _____ Policyholder’s birth date: _____

Policyholder’s subscriber number: _____ Policyholder is: Patient Parent Spouse

Name of medical insurance company & plan: _____

PATIENT's name (if not the policyholder): _____ Patient's birth date: _____

Patient's policy I.D. number: _____ (if different from the policyholder's)

1. "I authorize the release of any medical or other information necessary to process this claim"
2. "I authorize payment of medical benefits to the undersigned physician or supplier for services rendered"

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Sign on line to endorse both statements above

Date

WE MUST OBTAIN A COPY OF BOTH SIDES OF YOUR INSURANCE CARD AND A PHOTO ID AT YOUR FIRST VISIT.

Claims may be filed only for "MEDICALLY NECESSARY SERVICES," those specified by the insurer as necessary:

- "to identify and treat illness consistent with symptoms and diagnosis,
- To prevent, diagnose, correct, alleviate or preclude deterioration,
- Not solely for the convenience of the member, family, or doctor,
- Not for forensic, vocational, court-ordered, personnel, regulatory, or educational evaluation purposes"
