

IF YOU ARE USING INSURANCE...

Clients using insurance must read and sign this document.

Important limitations on the use of insurance

Regardless of the insurance coverage you may have, there are several situations in which your benefits may not apply. Please carefully read this entire document and sign below.

Medical Necessity Criteria

Use of insurance benefits does not apply if the specific condition for which treatment is being sought does not meet the medical necessity criteria of the client's insurance policy. This means that a diagnosis that is covered by the policy must be assigned by the treating clinician before the medical necessity criteria will be met.

To avoid unexpected financial liability, we strongly encourage you to read your insurance policy carefully and contact your insurance company with any questions you may have about its medical necessity criteria or other limitations in coverage. In the majority of cases, services not covered by insurance are the responsibility of the client/patient/guardian (if under 18).

Other examples of limitations of insurance coverage:

- Referral by an insurance company to me (even if I am "in-network") does not guarantee that insurance benefits will apply.
- Obtaining an *authorization number* or *letter* from an insurance company or its BHO (Behavioral Health Organization) such as Magellan, does not guarantee that insurance benefits will apply.
- If the client's insurance company requires the member to obtain an authorization and client does not obtain it, insurance payments may not be made thus making the client responsible for payment.

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- I authorize the release of any medical or other information necessary to process insurance claims on the client's behalf.
 - I authorize payment of medical benefits to Andy Dunn, LMFT for services rendered.
 - I will notify Andy Dunn, LMFT of future changes in insurance as it applies (changes to primary and/or secondary coverage, switching plans during treatment, providing new insurance card copies, etc.).
 - I have read and understand the above information.

Client Signature _____

Date _____