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## INSURANCE INFORMATION

If you are using a health insurance benefit as payment for these services, you need to be aware of what this means. Your health plan requires cooperation between client, provider and insurance company to provide services as efficiently as possible. Health insurance companies usually limit mental health coverage to:

1. services that are determined to be medically necessary, which may be defined as current symptoms which satisfy the diagnostic criteria established by the American Psychiatric Association in the Diagnostic and Statistical Manual, Fourth Edition.
2. conditions that are able to be treated by short-term, problem-focused, goal-oriented approaches whenever possible.

This usually means your insurance company will cover a limited number of office sessions to work on your problem as intensely as possible with the focus of eliminating acute symptoms. I am contracted with your insurance company to provide my services within these conditions. This practice reviews cases for quality assurance. Your case may be reviewed by a utilization review/quality assurance group set up by the insurance company or members of my practice. I will maintain your confidentiality in this process.

insurance company:

phone:

insurance company address:

insurance identification number:

group number:

Name of Insured:

Insured date of birth:

Address of insured person:

Relationship of client to insured person:

Employer of insured person:

Second Insurance:	
Address:	
Name of secondary insured:	date of birth:
Identification Number:	group number:

**Patient or authorized person's signature** I authorize the release to my insurance company of any medical information necessary to process a claim. This may include clinical record information to my insurance company for the purpose of healthcare credentialing, utilization review, and quality assurance review. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the provider of services.

Signed:

date: