

Tyler Beach, MSW, LCSW
Licensed Clinical Social Worker
Adult Psychotherapist

Main Office: 1829 E. Franklin Street, Suite 1200-A
Chapel Hill, North Carolina 27514
Phone (919) 428-8901
tylerbeachlcsw@gmail.com

Insurance and Billing Information

*Please note that insurance companies require me to assign you a psychiatric diagnosis.

*I am an “out-of-network provider”, which means your full payment is due upon service. I can then submit your claim electronically and the insurance company can reimburse you directly.

Out of network Clients - What you need to know:

As a Service to my clients who I am not in-network with, I can still bill your insurance as an "out of network provider". My full fee is still required at the time of service (unless arranged otherwise with me) and I am not responsible for unpaid claims. Claims that I submit on your behalf will instruct the insurance company to reimburse you directly (unless arranged otherwise with me) since you will have already paid for the service. If you would like me to submit your claim for you, please fill out all the information on the following page.

Before we meet, you'll need to know whether your insurance plan reimburses for “out-of-network” providers. If they do, you will still need to call to have services pre-authorized. It is possible that you will have a larger deductible than if you were seeing an “in-network” provider.

In rare instances, your insurance company may reimburse only part of the cost (Example Scenario: An insurance company may agree to pay 70% of the “usual and customary rate” for an individual session, but only after you have met a \$250 deductible. Insurance companies create their own “usual and customary rates” and may only value my services at \$100/hour (hypothetical). This means that they will reimburse \$70.00/session (70% of \$100.00)). Most insurance companies, however, consider my rate well within the “usual and customary rates”.

- Please note that regardless of your insurance's reimbursement rate, you will be responsible for the full fee. Additionally, I am not responsible for unpaid insurance claims.

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Out of Network Client Insurance Form:

So that we are able to handle your insurance claims most effectively, please contact your insurance company and find out the following information. Here are my professional numbers in case they ask for them (NPI = 1891970182 Tax ID = 261649778 , License = C005800). You can then either fax this completed form to Tyler (919- 928-5163) or bring to your next appointment.

1. Patient's Full Name: _____
2. Patient's Address:

3. Patient's Social Security Number:
_____/_____/_____
4. Patient's Date of Birth:
_____/_____/_____
5. Insurance company that handles your mental health benefits:

6. Insurance company phone number:
() _____ - _____
7. Person with whom you spoke, and the date of the phone call:
8. Out of Network services covered?
9. Is Authorization or Certification Necessary? If yes, please provide authorization number here:

10. Number of visits per year allowed:
11. Do your benefits operate on the calendar year?
 - a. If not, please specify when your fiscal year begins and ends:
 - i. ____/____/____
to
____/____/____
12. Total out-of-network deductible amount: \$_____.
13. What is the usual and customary rate for a 90806 for a master's level mental health professional? _____
14. Co-pay or percentage amount after out-of-network deductible: _____
15. Is family therapy covered (code=90847)?

By signing below, I understand that I am financially responsible for all charges for services to me, including the balance remaining after payment of all possible insurance benefits.

_____ (sign & date)

I have read the above information in its entirety and acknowledge my understanding with Tyler's billing and insurance policies. I authorize the release of any medical information both to Tyler's billing company and the insurance company that is necessary to process this claim.

_____ (sign & date)