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REQUEST FOR ELECTRONIC CLAIM SUBMISSION TO BC/BS OF ILLINOIS

Clients are responsible for contacting their insurance companies to understand their insurance benefits. Charges for services not covered by insurance (such as co-payments, deductibles, uncovered and ineligible services, and all charges for services provided over the maximum allowable) are the clients' responsibility.

Some BC/BS plans may use third party administrators to pre-authorize their mental health benefits. Please contact BC/BS before beginning treatment to determine if pre-authorization is needed. If services are rendered without authorization from your insurance company, all uncovered services or services covered at a lower rate will be the client's responsibility.

Some BC/BS plans may use third party administrators to administer their mental health benefits. Please contact BC/BS before beginning treatment to determine if your mental health benefits are covered by another insurance carried. Please be aware that if your mental health benefits are covered through another carrier, I am not considered in network and PPO rates do not apply. These claims cannot be submitted electronically and you will be expected to pay the full fee at the time of service.

I have reviewed this Insurance Claim Submission Policy and request to have my claims filed electronically with BC/BS of Illinois.

Name _____ **Signature** _____ **Date** _____

Policy Holder Name (as it appears on card): _____

Gender: _____ **Date of Birth:** _____

Group Number: _____ **Member ID Number:** _____

Please list additional family members who are covered under this policy.

Name: _____

Gender: _____ Date of Birth: _____

Relationship to Policy Holder: Spouse Child Other (specify)

Name: _____

Gender: _____ Date of Birth: _____

Relationship to Policy Holder: Spouse Child Other (specify)

Name: _____

Gender: _____ Date of Birth: _____

Relationship to Policy Holder: Spouse Child Other (specify)