

**Intake Form 3 of 3**

**HELLENIC THERAPY CENTER**

567 Park Avenue, Suite 203 - Scotch Plains, New Jersey 07076 - (908) 322-0112

*Our Insurance and Financial Policy*

It is our belief that healthcare professionals and their patients (not insurance companies) should make treatment decisions. That is why our practice has chosen not to participate with any insurance plans. It is our policy to never compromise the level of quality care that we are committed to providing.

*Out-of-Network Insurance Benefits*

We are a fully licensed and qualified out-of-network provider. This means that we do not participate directly with your health plan. As a courtesy, we will submit claims to your carrier on your behalf for reimbursement to you. Most Traditional, PPO, and POS plans have optional “out-of-network” benefits that provide coverage for the types of psychological therapy services that we provide. Unless you have an HMO, you will likely be covered for a significant portion of our service fees. Please contact your insurance company for a more detailed explanation of your benefits, or ask us to pre-certify for you.

**\*\* ATTACHED TO THIS FORM IS A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD\*\***

<b>Patient Information</b>	<b>Insured Subscriber Information</b>
Patient Name:	Insured Name:
Patient Date of Birth:	Insured Date of Birth:
Patient SS#:	Insured SS#:
Patient Address:	Insured Address:
Patient Phone Number:	Insured Phone Number:
Patient Employer:	Insured Employer:
Patient Marital Status:           S           M	Insured Marital Status:           S           M
Employed           F/T Student           P/T Student	Employed           F/T Student           P/T Student

Insured Subscriber’s Relationship to Patient: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Address for Claims: \_\_\_\_\_

ID#: \_\_\_\_\_   Group#: \_\_\_\_\_

Secondary Insurance Info: \_\_\_\_\_

Address for Claims: \_\_\_\_\_

ID#: \_\_\_\_\_   Group#: \_\_\_\_\_