



LIGHTHOUSE

COUNSELING CENTER

Start a Brighter Path

REQUEST FOR ELECTRONIC CLAIM SUBMISSION

If you would like Lighthouse Counseling Center (LCC) to submit your claims electronically, please review the information below, fill out the form below, and return it to your therapist.

LCC INSURANCE CLAIM SUBMISSION POLICY

- Clients are responsible for contacting their insurance companies and understanding their insurance benefits prior to the first session.
- Not all therapists at LCC are providers for all kinds of health insurance.
- Charges for services not covered by insurance, e.g., co-payments, deductibles, uncovered and ineligible services, and all charges for services provided over the maximum allowable benefit for the year, are the client's responsibility.
- ***Clients who change insurance companies or become eligible for Medicare while in therapy at Lighthouse Counseling Center must immediately notify their therapist.***
- A change in insurance while in therapy may mean:
 - The client may no longer be able to collect from insurance if they wish to keep the same therapist, or if they must be reimbursed by insurance.
 - Clients may have to be referred to a different therapist within LCC.
 - May be referred to a therapist outside LCC.

LCC POLICY ON PRE-AUTHORIZATIONS

Some insurance plans may use third party administrators to pre-authorize their mental health benefits. ***LCC will contact your insurance company at the beginning of your treatment to determine if pre-authorization is needed prior to treatment.***

- Please work directly with your therapist to make sure that all authorizations are acquired at the appropriate times in order to maximize your benefits.
- If services are performed without authorization, all uncovered services or services covered at a lower rate will be the client's responsibility.

LCC POLICY ON 3RD PARTY COVERAGE

Some insurance plans may use third party administrators to administer their mental health benefits. ***LCC will contact your insurance company at the beginning of your treatment to determine if your mental health benefits are covered by another insurance carrier.***

- Please be aware that if your mental health benefits are covered through another carrier where LCC is not considered in network, the "in network" rates do not apply.
- Outsourced coverage cannot be submitted electronically, and you will be expected pay the full fee at the time of service.



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PLEASE FILL IN ALL APPLICABLE FIELDS & ATTACH A COPY OF YOUR INSURANCE CARD FRONT & BACK.

Name of Insurance Company: _____

Policy Holder Name: _____ Date of Birth: _____ Male Female Other

Group Number: _____ Member ID Number: _____

Address: _____ City/State Zip: _____

Employer: _____ Policy Holder's Relationship to Client _____

Please list all family members covered under this policy who will be receiving treatment at LCC.

Attach additional pages as needed:

Client Name: _____ Date of Birth: _____ Male Female Other

Relationship to Policy Holder Spouse Child Other (specify) _____

Client Name: _____ Date of Birth: _____ Male Female Other

Relationship to Policy Holder Spouse Child Other (specify) _____

Client Name: _____ Date of Birth: _____ Male Female Other

Relationship to Policy Holder Spouse Child Other (specify) _____

Client Name: _____ Date of Birth: _____ Male Female Other

Relationship to Policy Holder Spouse Child Other (specify) _____

Client Name: _____ Date of Birth: _____ Male Female Other

Relationship to Policy Holder Spouse Child Other (specify) _____

Client Name: _____ Date of Birth: _____ Male Female Other

Relationship to Policy Holder Spouse Child Other (specify) _____

I have reviewed and understand the Lighthouse Counseling Center Insurance Claim Submission

Policy above and request to have my claims filed electronically.

Printed Name: _____ Signature: _____ Date: _____

For Office Use Only: Client Account#: _____ Therapist: _____ Date Submitted to Billing Department: _____

Benefits Checked by: _____ Insurance Effective Date: _____ Initials: _____