

PRACTICE INFORMATION

Practice Name _____

Provider Name _____ Credentials _____

Pay To Name _____

License # _____ Tax ID# _____ Please specify EIN or SSN: _____

Individual (Type 1) NPI # _____ Organization (Type 2) NPI# _____

Medicare PTAN# _____ if this practice does not have a PTAN yet, leave blank

Practice Location 1 _____

Practice Location 2 _____

Insurance Payment Address: _____
(where you would like to receive insurance payments)

Patient Payment Address: _____
(where you would like to receive pt payments)

Business Phone _____ Cell Phone _____

Fax _____ If this is a home fax machine, is it ok to fax after hours? _____

E-mail Address _____

CAQH Provider ID # _____ CAQH Password _____

Availity ID # _____ Availity Password _____

These questions are commonly asked by insurance companies to register for online user accounts.

DOB _____ SSN _____

Home Address _____

Home Phone # _____ City & State of Birth _____

How did you hear about us? _____

List Insurance companies you are contracted with

List your standard billing rates for the following services you provide:		
90791	Psychiatric Diagnostic Evaluation	\$
90792	Psychiatric Diagnostic Evaluation (for prescribers / medical services)	\$
90785	Interactive complexity add-on code	\$
90832	Psychotherapy 16-37 minutes	\$
90834	Psychotherapy 38-52 minutes	\$
90837	Psychotherapy 53-60 minutes	\$
90833	Psychotherapy 30 Min (when performed with an E & M service)	\$
90836	Psychotherapy 45 Min (when performed with an E & M service)	\$
90838	Psychotherapy 60 Min (when performed with an E & M service)	\$
90839	Psychotherapy for crisis, first 60 minutes	\$
90840	Crisis code add-on for each additional 30 minutes	\$
90845	Psychoanalysis	\$
90846	Conjoint Psychotherapy, without patient present	\$
90847	Conjoint Psychotherapy, with patient present	\$
90849	Multiple-family Group Psychotherapy	\$
90853	Group Psychotherapy	\$
90875	Individual Psychotherapy incorporating bio/neurofeedback 25-30 min	\$
90876	Individual Psychotherapy incorporating bio/neurofeedback 45-50 min	\$
90899	Preparation of Reports of patient's psychiatric status, history	\$
90901	Biofeedback	\$
96101	Psychological Testing	\$
96118	Neuropsychological Testing	\$
99213	Office Outpatient Visit 15 Min	\$
Sliding Scale: from \$ _____ to \$ _____		

Below please address any questions you may have at this time.

Signature _____ **Date** _____

Once completed, please submit pages 1 & 2 to Julie, by fax: 760-919-3132
 or email Julie@ReliableMHBillingServices.com

Should you need help in applying to become contracted with insurance companies, please let us know!