Main Line Neuropsychology, PLLC

Jennifer Badgley, PhD
Office Location: 30 S. Valley Road, Suite 207, Paoli, PA 19301
Mailing Address: 43 Paoli Plaza #1448, Paoli, PA 19301
Phone: 610.500.4700 Fax: 484.585.1673

INSURANCE INFORMATION FOR PRECERTIFICATION AND CLAIM SUBMISSION

Current Date:_____ Appointment Date(s):_____

PATIENT INFORMATION:

Name:_____ Date of Birth:_____

Social Security Number:_____Phone#:_____

Street Address:_____

City, State, Zip:_____

SUBSCRIBER'S INFORMATION (If other than patient)

Name of Subscriber:_____ Date of Birth:_____

Relationship to Patient:_____

Social Security Number:_____Phone#:_____

Street Address:_____

City, State, Zip:_____

Insurance Company:_____ Insurance Phone #:_____

Type (e.g., PPO, HMO):_____

Patient Insurance ID #:_____ Group #:_____

By signing below, I authorize the release of the above information to process insurance claims. All information is confidential. I fully understand that I am responsible for all payment for services (i.e., copays, deductibles, self-pay amount) before or at the beginning of the session. I will be reimbursed for any overpayment after the claim pays. If the claim pays and I still owe a patient responsibility, I will be responsible for paying that amount. I understand that I am responsible for charges not covered by or that have been denied by my insurance carrier. I authorize payment by my insurance company to be made directly to Main Line Neuropsychology, PLLC and Dr. Jennifer Badgley, PhD.

Signature of Subscriber/Guardian:_____Date:_____

Printed Name of Subscriber/Guardian:_____

PROVIDER TO COMPLETE

Diagnosis Code(s):_____

CPT Code(s):_____

Co-Pay Amount:_____ Deductible:_____ Amount Met:_____

Visit Limit:_____ Used:_____ Number of Visits:_____

Auth #:_____ Date Verified:_____ Ins.Rep:_____