

## **INSURANCE INFORMATION**

To facilitate insurance claim processing, please fill in all the requested information of this form.  
**Please Note: You are responsible for all amounts not paid by your insurance plan including deductible.**

In the event that our office does not take your insurance, but you would like us to bill for your out-of-network benefits please check this box and fill in the requested information below:

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS # of Policy Holder: \_\_\_\_\_ Sex:  Male   
Female Employer: \_\_\_\_\_ ID# \_\_\_\_\_  
Insurance Company Name, Address, and Phone: \_\_\_\_\_

Plan or Group # \_\_\_\_\_ Deductible Amount: \_\_\_\_\_ Has it been met:  Yes  No  
Patient's relationship to the insured:  Self  Spouse  Child  Other

**Please indicate if there is a secondary insurance:  Yes  No**

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS # of Policy Holder: \_\_\_\_\_ Sex:  Male   
Female Employer: \_\_\_\_\_ ID# \_\_\_\_\_  
Insurance Company Name, Address, and Phone: \_\_\_\_\_

Plan or Group # \_\_\_\_\_ Deductible Amount: \_\_\_\_\_ Has it been met:  Yes  No  
Patient's relationship to the insured:  Self  Spouse  Child  Other

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### **\*PLEASE READ AND SIGN THE FOLLOWING\***

I understand that the usual and customary fees are as follows, unless otherwise contracted with a particular third part carrier (e.g., Medicare):

Initial Consultation: \$500.00

Follow-up office visits:

\$220.00

TMS Treatment Sessions: \$700 - \$750

Dr. Pitch and Long Island Neurocare Therapy are participating providers for Aetna, Beacon, Empire BCBS, Medicare, Tricare, Optum United Healthcare. The insurers cover some portion of the fee based on their own fee schedule. Any copay or coinsurance, if applicable, is due at the time services are rendered.

**I am aware that I am responsible for any amount not covered by my insurance carrier including the deductible.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_