

Kathleen Romeiro, LCSW, I-FECHMS
6777 N. Willow Ave.
Fresno, CA 93710
O: (559) 930-2057

If you will be using your insurance benefits to pay for your mental/behavioral health services, prior to your intake session with me, please call your insurance company to find out the answers to these questions and fill in the information below. Please bring this completed form to your intake session. Note: If you do not bring this completed form to your intake session, you will be charged the full contracted insurance rate for each session until you complete this task. I encourage you to take the time to call the 1-800 number on the back of your insurance card to confirm your Mental/Behavioral Health benefits.

1. My primary insurance is: _____
a. HMO b. PPO c. POS d. Medical e. EAP f. Other: _____
2. My secondary insurance is: _____
3. I have verified that Kathleen Romeiro, LCSW 20129, I-FECHMS is an in-network provider for the insurance plans listed above and I would like for her to file my claims on my behalf:
Yes _____ No _____
4. My authorization number, if applicable: _____
5. My number of approved sessions: _____
6. These sessions are from valid from _____ to _____ dates.
7. My deductible for my mental health benefit is: _____
8. I have met my deductible for my mental health benefit: Yes _____ No _____
9. If not, how much of my deductible have I met?: \$ _____ out of \$ _____
10. My deductible renews on: _____
11. My copay amount is: _____
12. If applicable, my coinsurance amount is: _____
13. I have added this information to my insurance information on my Client Portal:
Yes _____ No _____
14. If Kathleen Romeiro, LCSW, I-FECMHS is not in-network with my insurance, I agree to review and sign the Private Pay agreement to proceed with services: Yes _____ No _____
15. How much does my insurance benefit reimburse for out-of-network counseling sessions?

16. Where do I send my out-of-network claims to in order to be reimbursed for services that I have paid? _____