



LIGHTHOUSE
Professional Counseling Center
find your amazing

REQUEST FOR ELECTRONIC CLAIM SUBMISSION

If you would like LPCC to submit your claims electronically, please review the information below, fill out the form below, and return it to your therapist.

LPCC 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 LPCC 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 Professional 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 LPCC.
 - May be referred to a therapist outside LPCC.

LPCC POLICY ON PRE-AUTHORIZATIONS

Some insurance plans may use third party administrators to pre-authorize their mental health benefits. ***LPCC 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.

LPCC POLICY ON 3RD PARTY COVERAGE

Some insurance plans may use third party administrators to administer their mental health benefits. ***LPCC 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 LPCC 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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Request for Electronic Claim Submission

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: _____

Please list all family members covered under this policy. 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 Professional 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: _____