

Dear Parents,

We have contracted to work with several insurance companies for payment of our services. Although this has proven to be a time consuming task for our office, we want to continue to provide this service, as it allows us to work with your child. We are establishing a system that will alleviate the amount of time spent by our office staff and we need your help in order for it to be successful.

Our policy is:

The patient is responsible for the full payment of services until insurance coverage has been established.

Step 1: Call Insurance Company

All services must be pre-authorized by your insurance company. In our experience, you will get better results if you, the insured, make the initial contact. Your insurance company will ask you to provide the following information regarding your service provider (C.A.S.E., Inc.). The following information for the provider may be needed:

- Federal Tax I.D.#: EIN 57-1184768
- Licensed Educational Psychologist (License #: LEP 2058)
- Certified Cognitive Behavioral Therapist

You may be asked to provide some of the following:

- the severity of the problem/symptoms
- how the problem may be affecting aspects of your child's life
- how the problem relates to past experience

You may be authorized for a specific number of visits for a specified period of time and given an authorization number. ***Please write this information down.***

Step 2: Call C.A.S.E., Inc.

Please notify our office once you have obtained an authorization number from your insurance company. If you have difficulty obtaining authorization we will be happy to assist you in the process.

Step 3: Complete HCFA

Your insurance company requires claims to be filed on a Health Insurance Claim Form (HCFA). We are including one of these forms with this letter. We are asking ***you to***

- over -



580 BEECH AVE., SUITE B
CARLSBAD, CA 92008
OFFICE: 760-720-4964
FAX: 760-720-5264
WWW.CASEFAMILY.COM

complete the top portion that is highlighted in yellow and return this form to our office as soon as possible.

Step 4: Pay Bill

The patient is responsible for the full payment of services until insurance coverage has been established. If we receive payment from the insurance company, we will credit your account to go toward any balance due.

Step 5: Your Responsibility

Please be sure to tell us if there are any changes to your insurance information.

Thank you for your cooperation in this matter. Your help makes it possible for us to continue working with your insurance company. If you have any questions, please contact our Insurance/Billing Liaison at (760) 720-4964.

Thank you,

Comprehensive Autism Services & Education, Inc.