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HEALTH CARE PLAN BENEFITS & PAYMENT AGREEMENT

To bill your carrier for the health care treatment covered under your plan, complete this form. Also, fill out the highlighted portions of the Health Insurance Claim Form on the next page. Bring these forms and a photocopy of your insurance card to the first session.

- To determine what benefits you have available, call the customer service number listed on the back of your insurance card and request to be connected to the mental health department for verification of benefits.** (If the back of the card has a number for the mental health department, then call that number.)

Ask the following questions:

- “Is Dr. Kimberly Tangen an in network provider under my plan? I am calling to check on my psychotherapy (or psychological testing) benefits.”**
- If the answer is YES, then ask the questions listed in column A (see below). Document the answers. If the answer is NO, then ask the questions listed in column B (see below). Document the answers.**

Column A	Column B
1. How much is my “in network” deductible?	1. Do I have “out of network coverage” for these services? Y or N A. If so, how much is my “out of network” deductible?
2. How much of my “in network” deductible remains for me to pay out of pocket?	2. How much of my “out of network” deductible remains for me to pay out of pocket?
3. What is my “in network” out of pocket maximum?	3. What is my “out of network” out of pocket maximum?
4. Do I need an authorization for this service? Y or N If Yes, then ask: A. What is the authorization number? _____ B. How many sessions are authorized to start with? C. What are the start and end dates of the authorized sessions? START: _____ END: _____ D. What is the maximum number of sessions that I am authorized for?	4. Do I need an authorization for this service? Y or N If Yes, then ask: A. What is the authorization number? _____ B. How many sessions are authorized to start with? C. What are the start and end dates of the authorized sessions? START: _____ END: _____ D. What is the maximum number of sessions that I am authorized for?
5. What is my copayment?	5. What is my copayment?
6. What is the address to send the claim to?	6. What is the address to send the claim to?
7. What is the address to send the treatment reports to?	7. What is the address to send the treatment reports to?

I authorize the release of information regarding my care to my health plan carrier for the payment of claims and other purposes related to the administration of benefits. I understand that it is my responsibility to pay for services not covered by my health plan whether because authorization was not obtained, denial, change or limitation of benefits, copay, deductible or other reason. I further understand that if there is an outstanding balance, I will make arrangements to pay the amount due.

 Client (or Personal Representative) Signature

 Print Name & Date



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA														
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK/LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)							
CITY			STATE		8. RESERVED FOR NUCC USE			CITY		STATE				
ZIP CODE		TELEPHONE (Include Area Code) ()			9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER			b. RESERVED FOR NUCC USE			c. RESERVED FOR NUCC USE			d. INSURANCE PLAN NAME OR PROGRAM NAME					
a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			10d. CLAIM CODES (Designated by NUCC)					
a. INSURED'S DATE OF BIRTH MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>			b. OTHER CLAIM ID (Designated by NUCC)			c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											
SIGNED _____					DATE _____					SIGNED _____				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE MM DD YY QUAL					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. _____					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
17b. NPI _____					19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____										22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____				
A. _____		B. _____		C. _____		D. _____		E. _____		23. PRIOR AUTHORIZATION NUMBER				
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____				
I. _____		J. _____		K. _____		L. _____		F. \$ CHARGES		G. DAYS OR UNITS				
H. _____		I. _____		J. _____		K. _____		L. _____		H. EPSTD Family Plan				
I. _____		J. _____		K. _____		L. _____		I. ID. QUAL.		J. RENDERING PROVIDER ID. #				
J. _____		K. _____		L. _____		M. _____		N. _____		O. _____				
K. _____		L. _____		M. _____		N. _____		P. _____		Q. _____				
L. _____		M. _____		N. _____		O. _____		R. _____		S. _____				
M. _____		N. _____		O. _____		P. _____		Q. _____		R. _____				
N. _____		O. _____		P. _____		Q. _____		R. _____		S. _____				
O. _____		P. _____		Q. _____		R. _____		S. _____		T. _____				
P. _____		Q. _____		R. _____		S. _____		T. _____		U. _____				
Q. _____		R. _____		S. _____		T. _____		U. _____		V. _____				
R. _____		S. _____		T. _____		U. _____		V. _____		W. _____				
S. _____		T. _____		U. _____		V. _____		W. _____		X. _____				
T. _____		U. _____		V. _____		W. _____		X. _____		Y. _____				
U. _____		V. _____		W. _____		X. _____		Y. _____		Z. _____				
V. _____		W. _____		X. _____		Y. _____		Z. _____		AA. _____				
W. _____		X. _____		Y. _____		Z. _____		AA. _____		AB. _____				
X. _____		Y. _____		Z. _____		AA. _____		AB. _____		AC. _____				
Y. _____		Z. _____		AA. _____		AB. _____		AC. _____		AD. _____				
Z. _____		AA. _____		AB. _____		AC. _____		AD. _____		AE. _____				
AA. _____		AB. _____		AC. _____		AD. _____		AE. _____		AF. _____				
AB. _____		AC. _____		AD. _____		AE. _____		AF. _____		AG. _____				
AC. _____		AD. _____		AE. _____		AF. _____		AG. _____		AH. _____				
AD. _____		AE. _____		AF. _____		AG. _____		AH. _____		AI. _____				
AE. _____		AF. _____		AG. _____		AH. _____		AI. _____		AJ. _____				
AF. _____		AG. _____		AH. _____		AI. _____		AJ. _____		AK. _____				
AG. _____		AH. _____		AI. _____		AJ. _____		AK. _____		AL. _____				
AH. _____		AI. _____		AJ. _____		AK. _____		AL. _____		AM. _____				
AI. _____		AJ. _____		AK. _____		AL. _____		AM. _____		AN. _____				
AJ. _____		AK. _____		AL. _____		AM. _____		AN. _____		AO. _____				
AK. _____		AL. _____		AM. _____		AN. _____		AO. _____		AP. _____				
AL. _____		AM. _____		AN. _____		AO. _____		AP. _____		AQ. _____				
AM. _____		AN. _____		AO. _____		AP. _____		AQ. _____		AR. _____				
AN. _____		AO. _____		AP. _____		AQ. _____		AR. _____		AS. _____				
AO. _____		AP. _____		AQ. _____		AR. _____		AS. _____		AT. _____				
AP. _____		AQ. _____		AR. _____		AS. _____		AT. _____		AU. _____				
AQ. _____		AR. _____		AS. _____		AT. _____		AU. _____		AV. _____				
AR. _____		AS. _____		AT. _____		AU. _____		AV. _____		AW. _____				
AS. _____		AT. _____		AU. _____		AV. _____		AW. _____		AX. _____				
AT. _____		AU. _____		AV. _____		AW. _____		AX. _____		AY. _____				
AU. _____		AV. _____		AW. _____		AX. _____		AY. _____		AZ. _____				
AV. _____		AW. _____		AX. _____		AY. _____		AZ. _____		BA. _____				
AW. _____		AX. _____		AY. _____		AZ. _____		BA. _____		BB. _____				
AX. _____		AY. _____		AZ. _____		BA. _____		BB. _____		BC. _____				
AY. _____		AZ. _____		BA. _____		BB. _____		BC. _____		BD. _____				
AZ. _____		BA. _____		BB. _____		BC. _____		BD. _____		BE. _____				
BA. _____		BB. _____		BC. _____		BD. _____		BE. _____		BF. _____				
BB. _____		BC. _____		BD. _____		BE. _____		BF. _____		BG. _____				
BC. _____		BD. _____		BE. _____		BF. _____		BG. _____		BH. _____				
BD. _____		BE. _____		BF. _____		BG. _____		BH. _____		BI. _____				
BE. _____		BF. _____		BG. _____		BH. _____		BI. _____		BJ. _____				
BF. _____		BG. _____		BH. _____		BI. _____		BJ. _____		BK. _____				
BG. _____		BH. _____		BI. _____		BJ. _____		BK. _____		BL. _____				
BH. _____		BI. _____		BJ. _____		BK. _____		BL. _____		BM. _____				
BI. _____		BJ. _____		BK. _____		BL. _____		BM. _____		BN. _____				
BJ. _____		BK. _____		BL. _____		BM. _____		BN. _____		BO. _____				
BK. _____		BL. _____		BM. _____		BN. _____		BO. _____		BP. _____				
BL. _____		BM. _____		BN. _____		BO. _____		BP. _____		BQ. _____				
BM. _____		BN. _____		BO. _____		BP. _____		BQ. _____		BR. _____				
BN. _____		BO. _____		BP. _____		BQ. _____		BR. _____		BS. _____				
BO. _____		BP. _____		BQ. _____		BR. _____		BS. _____		BT. _____				
BP. _____		BQ. _____		BR. _____		BS. _____		BT. _____		BU. _____				
BQ. _____		BR. _____		BS. _____		BT. _____		BU. _____		BV. _____				
BR. _____		BS. _____		BT. _____		BU. _____		BV. _____		BW. _____				
BS. _____		BT. _____		BU. _____		BV. _____		BW. _____		BX. _____				
BT. _____		BU. _____		BV. _____		BW. _____		BX. _____		BY. _____				
BU. _____		BV. _____		BW. _____		BX. _____		BY. _____		BZ. _____				
BV. _____		BW. _____		BX. _____		BY. _____		BZ. _____		CA. _____				
BW. _____		BX. _____		BY. _____		BZ. _____		CA. _____		CB. _____				
BX. _____		BY. _____		BZ. _____		CA. _____		CB. _____		CC. _____				
BY. _____		BZ. _____		CA. _____		CB. _____		CC. _____		CD. _____				
BZ. _____		CA. _____		CB. _____		CC. _____		CD. _____		CE. _____				
CA. _____		CB. _____		CC. _____		CD. _____		CE. _____		CF. _____				
CB. _____		CC. _____		CD. _____		CE. _____		CF. _____		CG. _____				
CC. _____		CD. _____		CE. _____		CF. _____		CG. _____		CH. _____				
CD. _____		CE. _____		CF. _____		CG. _____		CH. _____		CI. _____				
CE. _____		CF. _____		CG. _____		CH. _____		CI. _____		CJ. _____				
CF. _____		CG. _____		CH. _____		CI. _____		CJ. _____		CK. _____				
CG. _____		CH. _____		CI. _____		CJ. _____		CK. _____		CL. _____				
CH. _____		CI. _____		CJ. _____		CK. _____		CL. _____		CM. _____				
CI. _____		CJ. _____		CK. _____		CL. _____		CM. _____		CN. _____				
CJ. _____		CK. _____		CL. _____		CM. _____		CN. _____		CO. _____				
CK. _____		CL. _____		CM. _____		CN. _____		CO. _____		CP. _____				
CL. _____		CM. _____		CN. _____		CO. _____		CP. _____		CQ. _____				
CM. _____		CN. _____		CO. _____		CP. _____		CQ. _____		CR. _____				
CN. _____		CO. _____		CP. _____		CQ. _____		CR. _____		CS. _____				
CO. _____		CP. _____		CQ. _____		CR. _____		CS. _____		CT. _____				
CP. _____		CQ. _____		CR. _____		CS. _____		CT. _____		CU. _____				
CQ. _____		CR. _____		CS. _____		CT. _____		CU. _____		CV. _____				
CR. _____		CS. _____		CT. _____		CU. _____		CV. _____		CW. _____				
CS. _____		CT. _____		CU. _____		CV. _____		CW. _____		CX. _____				
CT. _____		CU. _____		CV. _____		CW. _____		CX. _____		CY. _____				
CU. _____		CV. _____		CW. _____		CX. _____		CY. _____		CZ. _____				
CV. _____		CW. _____		CX. _____		CY. _____		CZ. _____		DA. _____				
CW. _____		CX. _____		CY. _____		CZ. _____		DA. _____		DB. _____				
CX. _____		CY. _____		CZ. _____		DA. _____		DB. _____		DC. _____				
CY. _____		CZ. _____		DA. _____		DB. _____		DC. _____		DD. _____				
CZ. _____		DA. _____		DB. _____		DC. _____		DD. _____		DE. _____				
DA. _____		DB. _____		DC. _____		DD. _____		DE. _____		DF. _____				
DB. _____		DC. _____		DD. _____		DE. _____		DF. _____		DG. _____				
DC. _____		DD. _____		DE. _____		DF. _____		DG. _____		DH. _____				
DD. _____		DE. _____		DF. _____		DG. _____		DH. _____		DI. _____				
DE. _____		DF. _____		DG. _____		DH. _____		DI. _____		DJ. _____				
DF. _____		DG. _____		DH. _____		DI. _____		DJ. _____		DK. _____				
DG. _____		DH. _____		DI. _____		DJ. _____		DK. _____		DL. _____				
DH. _____		DI. _____		DJ. _____		DK. _____		DL. _____		DM. _____				
DI. _____		DJ. _____		DK. _____		DL. _____		DM. _____		DN. _____				
DJ. _____		DK. _____		DL. _____		DM. _____		DN. _____		DO. _____				
DK. _____		DL. _____		DM. _____		DN. _____		DO. _____		DP. _____				
DL. _____		DM. _____		DN. _____		DO. _____		DP. _____		DQ. _____				
DM. _____		DN. _____		DO. _____		DP. _____		DQ. _____		DR. _____				
DN. _____		DO. _____		DP. _____		DQ. _____		DR. _____		DS. _____				
DO. _____		DP. _____		DQ. _____		DR. _____		DS. _____		DT. _____				
DP. _____		DQ. _____		DR. _____		DS. _____		DT. _____		DU. _____				
DQ. _____		DR. _____		DS. _____		DT. _____		DU. _____		DV. _____				
DR. _____		DS. _____		DT. _____		DU. _____		DV. _____		DW. _____				
DS. _____		DT. _____		DU. _____		DV. _____		DW. _____		DX. _____				
DT. _____		DU. _____		DV. _____		DW. _____		DX. _____		DY. _____				
DU. _____		DV. _____		DW. _____		DX. _____		DY. _____		DZ. _____				
DV. _____		DW. _____		DX. _____		DY. _____		DZ. _____		EA. _____				
DW. _____		DX. _____		DY. _____		DZ. _____		EA. _____		EB. _____				
DX. _____		DY. _____		DZ. _____		EA. _____		EB. _____		EC. _____				
DY. _____		DZ. _____		EA. _____		EB. _____		EC. _____		ED. _____				
DZ. _____		EA. _____		EB. _____		EC. _____		ED. _____		EE. _____				
EA. _____		EB. _____		EC. _____		ED. _____		EE. _____		EF. _____				
EB. _____		EC. _____		ED. _____		EE. _____		EF. _____		EG. _____				
EC. _____		ED. _____		EE. _____		EF. _____		EG. _____		EH. _____				
ED. _____		EE. _____		EF. _____		EG. _____		EH. _____		EI. _____				
EE. _____		EF. _____		EG. _____		EH. _____		EI. _____		EJ. _____				
EF. _____		EG. _____		EH. _____		EI. _____		EJ. _____		EK. _____				
EG. _____		EH. _____		EI. _____		EJ. _____		EK. _____		EL. _____				
EH. _____		EI. _____		EJ. _____		EK. _____		EL. _____		EM. _____				
EI. _____		EJ. _____		EK. _____		EL. _____		EM. _____		EN. _____				
EJ. _____		EK. _____		EL. _____		EM. _____		EN. _____		EO. _____				
EK. _____		EL. _____		EM. _____										