



Licensed Marriage & Family Therapist, EMDR & TRM Certified, PACT trained

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Voice Dialogue Facilitator & Teacher, Licensed Acupuncturist & Herbalist

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Insurance Preauthorization Information

This form is for your personal use only. It should help you evaluate what your insurance provider will reimburse for your psychotherapy, and/or acupuncture sessions. When you ask for reimbursement rates, be mindful of the way insurance companies tend to respond. For example, it is very common for insurance companies to say: "You will be reimbursed "X" % of the allowable amount". This answer doesn't let you know what "the allowable amount" is; and is therefore misleading. You are entitled to know what their "allowable amount" is. The CPT codes for the "allowable amounts" are found below.

Date of Verification: _____

Client's name: _____ DOB: _____

Ins Company: _____ Insurance Plan: _____

Name of representative: _____

Client's ID#: _____ Client's Group #: _____

Psychotherapy: Out-of-Network Deductible: yes, No If yes, how much deductible per calendar year: _____ How much deductible has been met as of now: _____

What is the exact amount being reimbursed for:

- Individual therapy, CPT 90837: _____,
- Couples therapy, CPT 90847: _____,

Acupuncture: Out-of-Network Deductible: yes, No If yes, how much deductible per calendar year: _____ How much deductible has been met as of now: _____

What is the exact amount being reimbursed for:

- Eval of new client, CPT 99203: _____, Existing client, 99213: _____,
- Acupuncture, CPT 90810: _____, 90811: _____,
- Electro-acupuncture, CPT 90813: _____, 90814: _____,
- Myofascial release, CPT: 97140: _____, Heat/Cold: 97010: _____,