

CHILD & ADULT PSYCHIATRISTS OF THE PENINSULA, INC. (CAPP)

Business Office

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FILING AN INSURANCE CLAIM

It is our policy not to file insurance claims unless required to do so by contractual agreement with the insurance company. This guideline sheet is provided for your convenience.

- CAPP mails bills on a **monthly** basis and we furnish two documents that have the necessary information your insurance carrier needs to process claims:
 - (a) "Statement," which summarizes the billing activity
 - (b) "Invoice," which details the charges/sessions during the billing period, including diagnosis and procedure codes.
- Contact your insurance company or download the claim form and instructions from their website. Many carriers allow you to fill out the claim form online, then print hard copies.
- Because you are paying us in full, make sure to complete the portion of the form that instructs them to pay benefits directly to YOU.
- If more than one family member is in treatment, separate claim forms must be created.
- If a portion of the form requires completion by your physician, forward the form to him/her. The physician's portion will be completed at the doctor's earliest convenience, then returned to you.
- Keep one copy of the completed claim form as a master copy. Print additional copies to have on hand for future claim filing.
 - TIP: If treatment is ongoing, create a file folder with the following items: (1) Master copy of completed claim form, (2) additional copies of the claim forms for future filing, (3) pre-printed/addressed envelopes, (4) postage stamps. Upon receipt of each bill, simply assemble, make a copy for your file, insert in the envelope, affix postage and mail.
- Follow the carrier's instructions for filing claims. Observe the carrier's filing deadlines. We encourage you to send claims in a timely manner.
 - **DO NOT** send cancelled check copies, credit card receipts or "Balance Due" bills as a substitute for our "Invoice" or "Statement" documents. This will only delay processing.
- If there is coverage with more than one insurance company, you must receive the Explanation of Benefits (EOB) from your primary insurance carrier first. Then, follow the secondary insurance's claim filing instructions and make sure to attach a legible photocopy of the primary insurance EOB with this claim.
- If you have Medicare, and your doctor has "opted out" of the Medicare program, we do not send claims. Contact your supplementary insurance carrier, inform them of your doctor's Medicare Opt-Out situation and get claim filing instructions.
- For claims processing or insurance benefit questions, contact your carrier via the toll free number listed on your ID card.
- To find out if your claim has been paid/processed, contact the insurance carrier to "check the status of a claim." Refer to your insurance card for identification details.

BEFORE SENDING ANY CLAIM, make a copy of all statements and forms for your own files, in case of non-receipt by insurance. As stated in CAPP's signed Financial Responsibility Agreement, we charge for invoice/statement requests: \$5.00 for one monthly statement and \$25.00 for multiple-month date ranges.