

The Center for Growth Insurance Reimbursement Service

The Center for Growth can submit your insurance reimbursement forms directly to your insurance company on a monthly basis. Our hope is that this will speed up the process of reimbursement and make your life easier. This is a complimentary service we offer to clients who opt in, and you must notify your therapist if you would like to take advantage of it.

By-submitting the reimbursement forms on your behalf we are NOT accepting responsibility for their payment. If any problems arise,-including an improperly submitted form, it is YOUR responsibility to follow up with the insurance company directly to resolve the issue. If there are any problems with the reimbursement process, it is your responsibility to ask your therapist to provide you with a superbill so that you can directly submit the reimbursement form(s) yourself.

Payment for services rendered are due to the Center for Growth at time of service regardless of the status of reimbursement from your insurance.

In order for us to submit the insurance reimbursement forms directly to your insurance company we will need you to submit the following information to your therapist:

The Name Of Your Insurance Company (example: Aetna, Blue Cross Blue Shield)

The Name Of Your Insurance Plan (example: Proactive Silver HMO, PennCare PPO)

EDI (A Payer ID is required for insurers so that The Center For Growth can submit your claims electronically using TherapyNotes. Typically the EDI is a 5 digit number. This number is NOT on your insurance card, and **you will need to call your insurance company to get the EDI information**).

Insurance Company Contact Information:

Address _____

City _____

State _____ Zip Code _____

Phone Number _____ Fax _____

Your Plan Information:

Your Insurance Policy number (ID number) _____

Your Insurance Group number _____

Primacy Insurance Policy Holder's Name _____

Date of Birth for Primary Insurance Policy Holder _____

Your Name _____

Your Date of Birth _____

Your Copay _____

Your Deductible _____

In order for us to submit the claim for you, **we need a copy of your Insurance Card, front and back. Your insurance card must be uploaded with this paperwork.** Our system only allows you to upload one document, so be sure to combine this document with a copy of the front and back of your insurance card. Lastly, you are responsible for communicating any changes to your insurance information to your therapist. **** **This document must be submitted thru the client portal.** If you have any questions, do not hesitate to reach out to your therapist 215 922 5683