



PPCS / Lisa Marshall
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Dear Patient,

I am offering a service to first verify your benefits and then as needed submit your insurance claims so you are reimbursed for out of network benefits.

Here's how it works:

- ❖ Complete, sign and return this form to me
- ❖ I will verify your benefits to determine if you have out of network coverage and email you the response within 2 business days
- ❖ My fee is \$10.00 which I will bill after verification, this fee covers benefit verification and/or account set up.

If you have out of network coverage:

- ❖ Your claim is submitted
- ❖ Rates vary depending on the type of service
- ❖ The response / payment from your insurance company is sent directly to you (if nothing is received within 30 days, notify me or your provider and I will do a free resubmission)

Release of Information: I authorize the release of any medical or other information necessary to verify eligibility and process claims to Lisa Marshall and PPCS. Lisa Marshall and PPCS will only submit claims on my behalf per the information I provide to them, they take no responsibility in the validity of the information submitted to my insurance company. Lisa Marshall and PPCS do not guarantee payment of your claim, only a response from your insurance carrier.

Please Sign: _____ Date: _____

Please Complete:

Patient Last name: _____ Patient First Name _____

Patient Date of Birth _____

Address: _____

Patient or Parent's Email : _____

Phone # _____

Insured's information (if not the patient):

Insured's Last Name: _____ Insured's First Name _____

Insured's Date of Birth: _____ Relationship to patient _____

Insurance Information:

Insurance Name	Id/Policy #	Group# if applicable	(Mental/Behavioral Health) Customer Service Phone #:
AETNA			
BLUE CROSS/BLUE SHIELD			
CIGNA			
HARVARD PILGRIM			
TUFTS			
UNITED HEALTHCARE			
<i>Other(list Name):</i>			
Customer Service Phone #:			

****If possible please include a front and back copy of the patient's insurance card****

