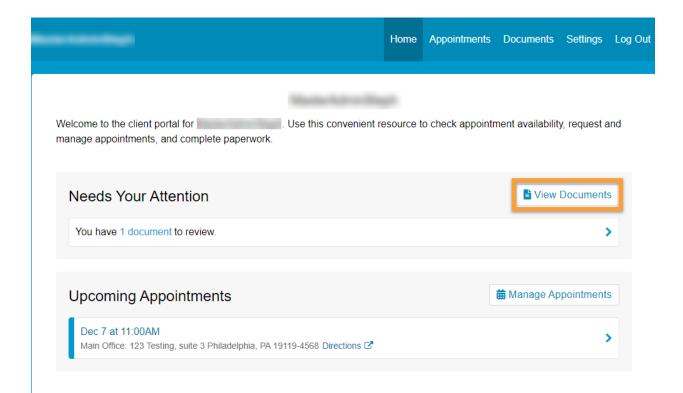# How to Complete the Client Insurance Form on TherapyPortal

The Client Insurance Form allows you to tell your practice about your insurance information, allowing them to submit claims on your behalf and accept payments from your insurance company. You can also let the practice know if you do not have insurance or would rather not use your insurance benefits.

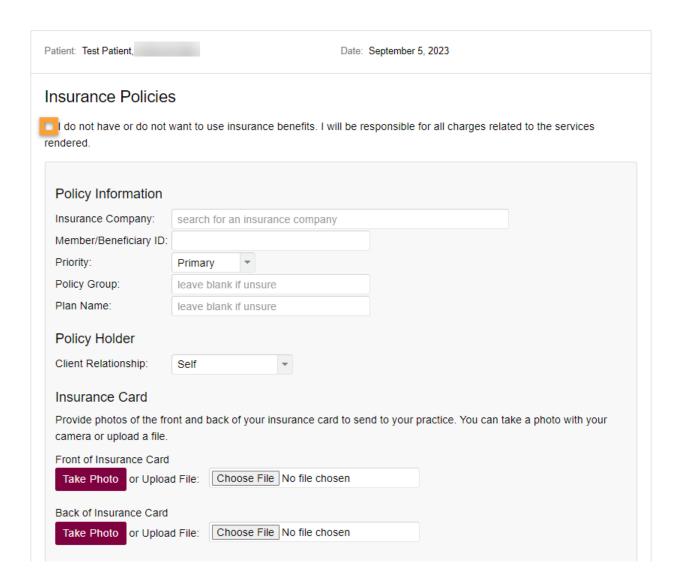## Navigating to the Client Insurance Form on TherapyPortal

In order to protect your private information, you must be logged in to your TherapyPortal account to complete any forms sent to you by the practice. When the practice sends you forms, you'll receive an email letting you know that you have forms to review. If you have any outstanding forms due, you'll also get a notification as part of your emailed appointment reminder if you use them. Both emails will include a link to your TherapyPortal sign in page.

Once logged in, you will see any documents waiting for you on your home page. You can also click **Documents** at the top of the screen. In the list of documents, click on the Client Insurance Form link.

Filling out the Client Insurance Form

At the top of the form is an opt-out checkbox. If you do not have insurance, or are choosing to not use your insurance benefits, simply check this box. You will then need to sign the form and click the Submit Completed Document button.

Insurance Policies

☐ I do not have or do not want to use insurance benefits. I will be responsible for all charges related to the services rendered.

Policy Information

Insurance Company: [search for an insurance company]

Member/Beneficiary ID: [   ]

Priority: [Primary ▾]

Policy Group: [leave blank if unsure]

Plan Name: [leave blank if unsure]

Policy Holder

Client Relationship: [Self ▾]

Insurance Card

Provide photos of the front and back of your insurance card to send to your practice. You can take a photo with your camera or upload a file.

Front of Insurance Card

[Take Photo] or Upload File: [Choose File] No file chosen

Back of Insurance Card

[Take Photo] or Upload File: [Choose File] No file chosen

If you are planning to use your insurance benefits, you will need to complete the Policy Information section:

- **Insurance Company**: Start typing the name of the insurance company on your insurance card. A list of potential matches will appear. Any insurance company the practice currently works with will appear in bold. Other potential matches will also appear in the list. If you cannot find your insurance company in the list, you can type the full name in this field.

- **Member ID**: Enter your member ID in this field. It may be a combination of letters and numbers. It is important to be sure that what you type in this field exactly matches what is on your insurance card.

- **Priority**: Sometimes people may have more than one insurance (such as insurance through a workplace and Medicare, or Medicare and Medicaid).

Use this field to indicate if the information you are entering is for your primary, secondary, or other insurance benefits. If you have only one insurance policy, select Primary.

- o **MSP Qualification**: if you have Medicare as your secondary insurance, use this field to indicate what type of Medicare coverage you have.

- **Policy Group**: Some insurance cards include information about your group name or number. If you have this information, enter it here. Otherwise leave the field blank.

- **Plan Name**: Often an insurance company offers many different plans. Your plan name may appear on your insurance card. If you have this information, enter it here. Otherwise leave the field blank.

- **Policy Holder**: Select your relationship to the person who is the primary subscriber to the insurance. If this is you, select Self. If it is someone else, select how you are related to them.

- **Insurance Card**: You can click **Take Photo** to use your devices camera to take a picture of your insurance card or click **Choose File** to select a photo that is saved to your device.

Note: If you indicate someone else as the primary subscriber, you will need to provide some information about that person.

If you have another insurance policy, click the **+Add Another Policy** button. This will add another Policy Information section that can be completed the same way. Add as many policies as you wish to use.

When you have entered all your insurance information, review the acknowledgement and sign the form. Double check that you have filled out your information correctly, then click the **Submit Completed Document** button.