



**Roseanne T. Myers, MS, NCC, LPC**

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## **Insurance Instructions**

1. Please complete the following forms :
  - a. Client information Form
  - b. Release of Information Form
  - c. Limits to Confidentiality Form
  - b. Insurance Instructions Form
  
2. You will need to verify your insurance benefits by contacting your carrier and obtaining a pre-authorization number if needed. You will also need to determine any copay or deductible you might owe at the time of the visit.
  
3. Please check with your insurance provider to ensure that I am a participating provider with your insurance.
  
4. Please be sure to confirm the date and time of your appointment.
  
5. Please be aware that I only accept payment in the form of check or cash.
  
6. Please feel free to contact me personally should you have any questions or concerns.
  
7. Please contact the billing department at 717-872-8775 with any additional billing questions or concerns.

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Signature

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Date

