

Billing Inquiry Form

Name: _____ UID# _____ Date: _____

Tell us about your insurance coverage: Private insurance carrier _____

- Grants Received (Please list any/all by name) _____
- Unable to access care by outside provider Privacy concerns
- Medi-Cal is the only insurance options

SERVICE DATES YOU ARE INQUIRING ABOUT:

- Current Session(s)
- Previous Session(s)
- Future Session(s)

Date(s) of Service _____

Please describe your billing inquiry issue (please denote dates of service above). If you have any supporting documentation that you would like to submit for consideration with this form, please have the CAPS Support Staff make a copy. Thank you.

- Fee Waiver
- Reduction Request
- Contest Missed Appt.

By signing below, you agree to the terms and conditions described herein:

CAPS billing inquiries are reviewed regularly on rolling basis. You may not receive notice of a fee waiver or adjustment before the charge hits your *BruinBill* account (due on the 20th of every month). Fee waivers or adjustments, if approved, are retroactively credited directly to your *BruinBill* account. CAPS will not be responsible for any late fees/collection costs that are charged to your account due to late/non-payment. Unfortunately, due to fiscal limitations, we are unable to review fee waiver/reduction requests that occurred beyond two quarters from the service date(s) you are inquiring about.

For any questions regarding billing, please contact CAPS at (310) 825-0768 or billing@caps.ucla.edu

SIGNATURE: _____

PHONE/EMAIL: _____

FOR ADMINISTRATIVE USE ONLY:

Actions:

- Waived Not waived Fee Reduction: _____ Other: _____
Initials/Date: _____

Actions:

- BAR PnC No Action Needed Other: _____
Initials/Date: _____

Follow Up:

- Called/Client spoke to Called/Left Message Other: _____
Initials/Date: _____
