



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
Confidential Numbers: Phone 512-494-1007
 Fax 512-542-9965
 www.simsfoundation.org

PSYCHIATRIC SERVICES CLAIM FORM
 (Please Print)

Date Claim Submitted	sent by FAX or MAIL
Provider Name	
Group Practice Name	
Mailing Address	
City, State, Zip	
Phone Number	
Fax Number (if confidential)	

- I certify that my professional licensure(s) and/or permit(s) to practice are current as of this date.
- I certify that my professional liability and/or malpractice insurance is current as of this date.

If you are willing to accept more SIMS clients, how many?

Submit claims within 30 days of services; claims submitted 45 days beyond the dates of service may be delayed; claims submitted 90 days after the date of service will be ineligible for payment. See **Rate Chart** below for amount of reimbursement and categories of visits.

Client #	Date of Service	Category of Session	Session #	Client Co-Pay	SIMS Co-Pay	Total to Provider	SIMS STAFF ONLY	
							Approved	Comment

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PSYCHIATRIC SERVICES FEE SCHEDULE

<i>Category of Visits</i>	<i>Abbreviations for Categories</i>	<i>Patient Co-Pay (Refer to SIMS Authorization Letter for Individual Clients)</i>	<i>SIMS Reimbursement to Psychiatric Provider</i>	<i>TOTAL REIMBURSEMENT TO PSYCHIATRIST</i>
<i>Initial Visit-Psychiatric Assessment with APRN</i>	PA--APRN	Range from \$25.00 to \$40.00	<i>(Balance remaining after Client Co-Pay)</i>	\$125
<i>Medication Management (30 minutes) with APRN</i>	MM-APRN	Range from \$25.00 to \$40.00	<i>(Balance remaining after Client Co-Pay)</i>	\$62.50
<i>Initial Visit—Psychiatric Assessment with M.D.</i>	PA-MD	Range from \$25.00 to \$40.00	<i>(Balance remaining after Client Co-Pay)</i>	\$200
<i>Medication Management (50 minutes) with M.D.</i>	MM-MD	Range from \$25.00 to \$40.00	<i>(Balance remaining after Client Co-Pay)</i>	\$150

If you have questions for SIMS staff about claims, please call our confidential clinical phone:
512.494.1007