



Adult Attention Deficit Disorder
Center of Maryland

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IMPORTANT INSURANCE INFORMATION

Prior to your first appointment it is **your** responsibility to contact your insurance company to obtain the following:

- Do you have out of network benefits?

YES _____ NO _____

- Do you need authorization?

YES _____ NO _____

- Do you need a treatment plan written by the doctor?

YES _____ NO _____

- Where does the treatment plan need to be sent?

Address _____

By obtaining this information before your **first** appointment you will avoid a delay in reimbursement. *Please bring this completed with you to your evaluation.*