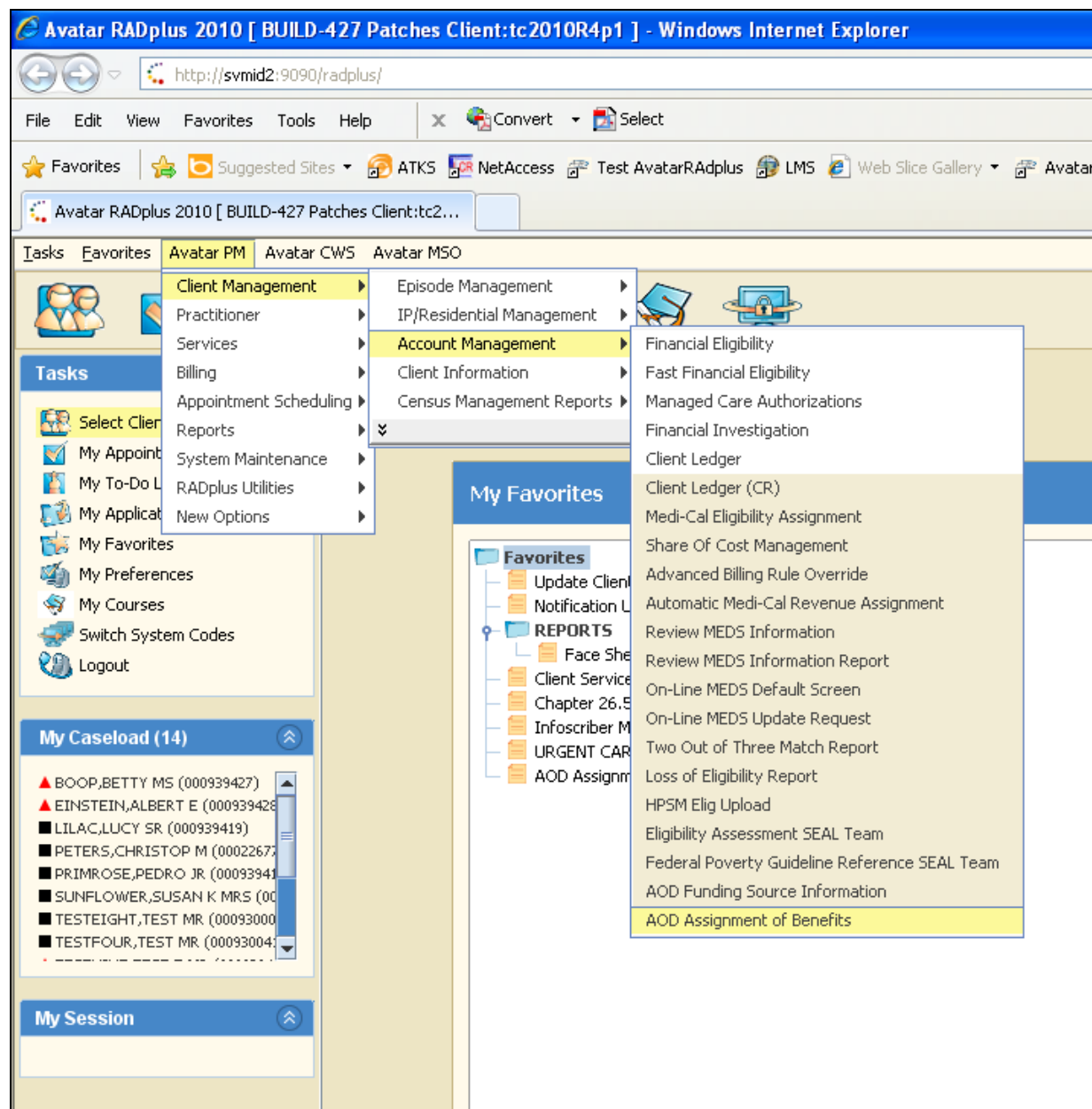


## AOD Assignment of Benefits

The menu path is:

Avatar PM → Client Management → Account Management → AOD Assignment of Benefits



Select client and episode. If other AOB forms exist for this client and episode, you'll see a pre-display screen. Either select one of the existing forms or ADD a new one.

Select Insurance/s	Client Agrees to Assign Benefits?	Date Assigned / Refused
Private Insurance	Yes	08/07/2012
Private Insurance	Yes	08/07/2012
ACE MCE&Private Insurance	Yes	08/07/2012
Private Insurance	Yes	07/29/2012
MediCal&Private Insurance	Yes	07/28/2012

The forms asks for the following information:

1. Select Insurance – Choices are “ACE/MCE”, “MediCal”, “Private Insurance”. Can select one, two of all of the choices.
2. Subscriber’s Relationship to Client – after you tab out of the first field, this field becomes active.
3. Policy Number
4. Private Insurance – name of insurance company
5. Insurance Address Line 1
6. Insurance Address Line 2
7. City
8. State
9. Zip
10. Insurance company phone number
11. Subscriber’s address line 1 – if the subscriber is not SELF, fill in Subscriber’s address
12. Line 2
13. City
14. State
15. Zip
16. Phone
17. Client agrees to assign benefits? – Yes or No

- 18. Date Assigned / Refused – defaults to current date
- 19. Status - Draft/Final. Included to provide the ability to lock the form.

AVPMTEST (LIVE) - TESTONE, TEST DR (000930000)/AOD Assignment of Benefits

TESTONE, TEST DR (000930000) Episode: 47 Date Of Birth: 01/01/1999; Sex: Male

**Assignment of Benefits**

Select Insurance/s

ACE MCE

MediCal

Private Insurance

Subscriber's Relationship to Client: Self

Policy Number: 123456789

Private Insurance: BLUE CROSS

Insurance Address Line 1: 1234 MAPLE STREET

Line 2:

City: SAN MATEO

State: CALIFORNIA Zip: 94043

Insurance Phone Number: 650-555-1212

Subscriber's Address Line 1:

Line 2:

City:

State: Zip:

Subscriber's Phone Number:

Client Agrees to Assign Benefits?

Yes  No

Date Assigned / Refused: 08/08/2012 T Y

Status:  Draft  Final

*Pl fax the signed Assignment of Benefits to BHRS MIS for verification.*

Complete

ADD Assignment of Benefits | Chart Review | 4840:SVBHPROD1 | 08/08/2012 09:43 AM

When you SAVE/Submit the form, the AOB prints. It may take up to a minute for the report to display.



**SAN MATEO COUNTY  
BEHAVIORAL HEALTH AND RECOVERY SERVICES**

AD411201 EL CENTRO COASTSIDE OPT

**Client:** TESTONE, TEST DR  
**DOB:** 1/1/1999

**Client #:** 930000

**INSURANCE PLANS**

**Private Insurance**

Private Insurance: BLUE CROSS

**RELEASE OF INFORMATION AND ASSIGNMENT OF INSURANCE BENEFITS**

I hereby authorize the County of San Mateo to release information to all the insurance companies named above that information required for the purpose of filing a medical claim to receive reimbursement for services rendered by County Behavioral Health and Recovery Services. Information to be released is limited to that requested and not to exceed a general description of the services rendered including dated and duration of visits, diagnosis and clinician's name.

This consent is subjected to revocation by the undersigned at any time except to the extent that action has been initiated in reliance hereon.

I further hereby authorize the insurance companies to pay directly to the San Mateo County Behavioral Health and Recovery Services, or its authorized community mental health agent, any benefits otherwise payable to me for all services rendered but not to exceed the actual cost and/or the reasonable customary charges for such services.

**I authorize billing from the first date of service in the program or 1 year whichever is later.**

YES

NO

Date: 8/8/2012

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Signature of policy holder