

## **Payment & Insurance Information**

### **Payment Policy**

I provide my therapy services directly to you and I ask for payment to be made directly to me. For Executive Coaching and Consulting there is no insurance reimbursement, and I require payment directly to me as well.

If you want to submit your therapy bill to your insurance company for reimbursement you of course may do so. I do furnish you with a statement at the end of each month with all the required information on it. You can attach my billing statement for therapy services to your insurance form to submit for reimbursement.

### **Health Insurance**

Because I am committed to confidentiality, and because I believe that your therapy is yours, not your insurance companies, I do not participate in managed care plans nor do I accept assignment of benefits, which means that I do not accept insurance for counseling or therapy sessions, I am not an “in-network” provider, and your insurance company will not pay me directly. I ask you to pay me directly and then the insurance company (if you are covered) will reimburse you your insurance benefit amount.

### **Will you get money back for Counseling or Therapy Sessions?**

Because I am a licensed clinical social worker, my counseling and therapy professional services do qualify for patient reimbursement under most insurance plans. My fees are generally considered to be within the acceptable range (UCR) by most insurance companies. Psychotherapy is typically covered by most insurance plans but you will have to contact them to find out directly.

### **Consider This**

Before making the decision to use your insurance coverage to reimburse you for therapy or counseling, please consider the following:

- *Confidentiality:* All insurance companies require some information about the reason for psychological treatment to process your claim. Additionally, managed care plans often require detailed information regarding the problem for which you are seeking help, history, symptoms, family life, work life, and so on. The information is entered into increasingly large information systems, and current regulations are not strong in protecting confidentiality.



- *Control of Treatment:* Managed care companies use the information to decide if treatment is medically necessary, what kind of therapy is approved, and, later, if it should continue. Many of the insurance company employees who make these decisions have limited training, and—of course—have never met with you.
- *Psychiatric Diagnosis:* Health insurance is designed to pay for the treatment of illness. Therefore, a psychiatric diagnosis must be made before most insurance companies will pay.