

Insurance & Billing for Mental Health Services

It is required that we either have insurance information or a billing plan prior to providing any mental health services.

If you have health insurance:

We can bill your health insurance just like any other medical service. We will need your insurance information and a copy of both the front and back of your insurance card for your file prior to intake.

If you do not have health insurance, or have health insurance but cannot use it:

We are able to work with clients who do not have insurance or who cannot bill their health insurance for some reason (safety concerns, out of network, cost, etc). We can start the application process for assistance prior to intake or at any time through the course of treatment. The application form is the first step in creating a billing plan.

FAQ

– What if I can't find my card?

You can request a new card and get the information we need for billing by calling your insurance company. Many forms of state insurance are compatible with the app WAPlanFinder, where you can also find your ID number and what kind of coverage you have, or call the Medicaid Purchasing Administration's Customer Service Center at 1-800-562-3022 (or TTY at 1-800-848-5429), and request a written verification of your coverage.

– What if I can't afford my copays, or I have a deductible?

We can work with a wide variety of financial situations. Please let the front desk or your therapist know if this is the case and we can start the application process for assistance.

–What is a “copay” versus a “deductible”?

A copay is a fixed amount of money that you pay a service provider for a service that is covered by your insurance. For example, someone may have a copay of \$30 for visits to the doctor. You would pay that set fee each time you see your doctor. Since copays are “fixed”, your copay is the same amount of money, regardless of how long your session is with your therapist.

A deductible is a set amount of money you must pay out of pocket for services that would normally be covered by your insurance. Once you have paid that set amount, your insurance may start covering a portion of your service costs. This resets each year, depending on when your insurance renews.

– What if I get a bill from my insurance when I wasn't expecting one?

If you receive a statement you weren't expecting from your insurance provider, double check if it's a bill or an explanation of benefits (EOB). An EOB is not a bill, but rather a document that helps you understand what your insurance covers, and what you'll pay if/when you do get a bill. Either way, let your therapist know about the document you've received, and give your insurance provider a call to clarify any questions you have. We can work with a variety of situations as long as we are aware of them and the earlier we can make a plan, the better.

– What if my insurance situation changes?

If you lose insurance, get new insurance, or any other changes in your insurance coverage occur during the course of treatment, it is your responsibility to let us know as soon as you are aware of it so that we can address it.

– Will I need to stop seeing my therapist if I lose or change my insurance?

We will always take reasonable steps to prevent disrupting treatment. However, your therapist does have the right to end services if we have made attempts to address the issue and tasks assigned to you as the client have not been met. You will receive clear communication on what is needed from you in the most timely manner possible.