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Counseling & Psychotherapy for Youth, Couples, & Families

Out-Of-Network Insurance Information

I am an out-of-network provider with insurance companies which means that I do not bill insurance companies directly. While health insurance plans and benefits vary, your counseling services may be eligible for reimbursement through out-of-network benefits, medical spending or health care savings accounts.

If you are interested in using your health insurance to assist in the costs of your therapy, please call your insurance provider to inquire about reimbursement for out-of-network counseling services. *(Below is a list of questions to ask your insurance company).* I will provide you with a receipt at the end of each month which you can submit to your insurance company for out-of-network coverage/reimbursement.

Questions to ask your insurance provider prior to your first therapy session:

If you would like to determine your eligibility for reimbursement for out-of-network coverage, please check your policy and contact your insurance provider with the following questions:

1. Do I have mental health benefits?
2. What is my deductible and has it been met?
3. How many mental health sessions per calendar year does my insurance plan cover?
4. How much does my plan cover for an out-of-network mental health provider?
5. How do I obtain reimbursement for therapy with an out-of-network provider?
6. What is the coverage amount per therapy session?
7. Is approval required from my primary care physician?

Single Case Agreements

In some circumstances, the insurance company will grant a Single Case Agreement. A Single Case Agreement is a contract between an insurance company and an out-of-network provider for a specific client, so that the client can see that provider using their in-network benefits (i.e., the client will only have to pay their routine in-network co-pays for sessions after meeting their in-network deductible). The fee per session that will be paid by the insurance company is negotiated by the insurance company and the provider as part of the single case agreement.

What are the conditions to be met to ask for a Single Case Agreement?

A Single Case Agreement must address the unique needs of the client and the cost benefits to the insurance company of the client seeing the out-of-network provider, rather than an in-network provider. The following are some of the conditions that may help determine the eligibility for a Single Case Agreement:

- The client requires a clinical specialty that is not available with any of the in-network providers (specialty can include cultural competency)
- Geographical location - in-network providers are not available locally

Typically the client must make the case for a Single Case Agreement with the out-of-network provider BEFORE commencing treatment.

Reasons to Pay Privately or "Out-of-Pocket"

Many clients choose not to involve insurance companies in their mental health care. Their counseling is not limited by the diagnosis, treatment plan or session limits that health insurance companies dictate. Insurance companies often limit the number of sessions and even the type of therapy. Many insurance companies do not cover couples/relational or family therapy.

In order to have therapy services covered under insurance, a mental health diagnosis must be made. This then becomes a part of your permanent health care record. This may lead to limitations such as denial for quality life insurance or health insurance later on. Additionally, since a mental health diagnosis must be made to obtain reimbursement, the insurance company has to know a lot of information about you to be covered. The insurance company can review all of your records at their discretion.

By paying privately or out of pocket, you receive the highest degree of privacy, flexibility and control of your mental health record allowed by Colorado state law, since the records are exempt from insurance reporting and random compliance audits.

In addition, many insurance companies require a deductible to be met before they cover the sessions, so you may be paying out of pocket anyway.

We will work collaboratively to decide how often to attend therapy and you decide what you want to focus on. In short, you have the control, not the insurance company.