



Beech Tree

Consulting &
Psychological Services

What You Should Know About Health Insurance and Your Treatment

Your health insurance may pay part of the costs of your treatment. It is important to understand that having health insurance does not guarantee that your services will be paid by the health insurance company. You, not the health insurance company, are ultimately responsible for payment for your services.

Confidentiality

If you use your health insurance to help pay for psychotherapy or psychological testing, you have authorized the insurance company to request from your mental health provider (MHP) information about your diagnosis, the treatment you are receiving, and your progress in treatment. The company may also request progress notes and psychological testing reports. As a contracted provider for your insurance company, your MHP will be obligated to release this requested information to the insurance company if the company requests it. If this information is requested and released to the insurance company all this information will become part of the health insurance company's records, and some of it will be included in your permanent medical record at the Medical Information Bureau, a national data bank that is not open to the public including you. The information will be examined when you apply for life or health insurance, and it may be considered when you apply for employment, credit or loans, a security clearance, or other things in the future. You will have to indicate that you were treated for a psychological condition and release this information, or you may not get the insurance, job, loan, or clearance.

All insurance carriers claim to keep the information they receive confidential, and there are federal laws about its release. The laws and ethics that apply to Mental Health Providers are much stricter than the rules that apply at present to health insurance companies. *There have been reports in the media about many significant and damaging breaches of confidentiality by health insurance companies.* If you are concerned about who might see your records now or in the future, we should discuss this issue more fully before we start treatment and before claims are submitted to your health insurance company. You should evaluate your situation carefully regarding confidentiality.

Psychotherapy

If using health insurance to assist with the costs of psychotherapy, coverage will only occur if you have been diagnosed with a psychiatric disorder. People often seek treatment but do not have a psychiatric disorder. For your health insurance company to cover all or a portion of your treatment, we must also demonstrate that treatment is medically necessary. There are various definitions of medical necessity that vary from company to company. Medical necessity criteria are established by the health insurance company and may not be consistent with what your MHP considers to be medically necessary. If the medical necessity criteria outlined by your insurance

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company are not met, your insurance company will likely not cover your services. Services can continue, but you will be responsible for paying our standard fees at the time of service.

You must also be aware of how your specific policy works. Some policies have deductibles, co-pays, co-insurances, or a combination of all of these. We encourage you to contact your insurance company prior to coming in for your first appointment so that you understand fully how your insurance works. Please be advised that you – not our office staff your mental health professional – are responsible for understanding your individual policy coverage and limitations.

Diagnostic Testing

Diagnostic testing is one of the most beneficial aspects of our work together and something that can only be provided by a licensed clinical psychologist. We use testing to clarify diagnoses, assist in appropriate treatment planning, coordinate care with other medical professionals, and provide information to you or your child's school. With the mounting complexities of health care insurance, comes the risk that your insurance will not cover diagnostic testing.

Often insurance companies have exclusionary clauses stating that they will not cover testing that results in diagnoses of disorders such as, but not limited to, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, and Learning Disorders. As testing is used to identify these and many other disorders, we have experienced an increasing number of denials for payment from insurance companies after testing has already occurred.

Specific medical necessity criteria apply to diagnostic testing. Again, your insurance company determines these criteria, not your mental health provider. As such, there are times when diagnostic testing may not meet medical necessity criteria per the health insurance definition but is highly recommended by your MHP in terms of providing you with the most informed, comprehensive and effective treatment.

In instances where medical necessity criteria are not met, you have the following options:

1. A referral can be provided to another in-network provider who provides testing services. A second opinion can be obtained as to whether medical necessity criteria are met. If this provider determines that medical necessity criteria are indeed met, you may be able to have your psychological testing done through this provider and then return to your MHP at Beech Tree for continued psychotherapy.
2. You have the option to waive the use of your insurance. Diagnostic testing could then be provided by your current MHP or, if your MHP is not a clinical psychologist, a licensed clinical psychologist within the practice. You would be charged a self-pay rate for diagnostic testing. 90-day Payment plans are available if needed. You would be required to sign a waiver indicating that you are voluntarily waiving the use of your health insurance benefit.



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- a. You would be provided with a quote for all testing procedures so that you know exactly what to expect in terms of cost before any diagnostic testing is scheduled.
- b. The MHP providing testing would be able to determine the exact measures which would be most appropriate for your diagnostic needs with no concern for limits placed upon us by the insurance company.

A Few More Things to Consider

We have found that insurance companies often request a copy of the testing report, session notes, and other clinical information long after the claim or claims have been paid. The insurance company reserves the right to request that your MHP pays back any money that they have already received if the company decides later that they will not cover the service. If this happens, you, your MHP, and the practice are all in a financial bind. This would mean that your MHP/the practice must pay back money the insurance company has already paid us. You then become responsible to pay the practice the monies that the insurance company has requested back.

Our Agreement

I have read and understood the issues described above and willingly enter treatment accepting these limits. I give my therapist permission to submit information to secure payment for the mental health services to be provided to me.

Signature of client or legal guardian

Printed Name

Date

Mental Health Professional

Printed Name

Date



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