

Insurance

Will you file my insurance for me: My office will file your insurance for you if you prefer

What is the difference between in-network and out of network coverage?

In-network: I am an in network provider for all Blue Cross Blue Shield, APS Healthcare and Tricare Standard. This usually means you have lower deductible and lower co-pay per session.

Out-of-network: If I am not in your insurance network my office will still file for you. I often can be reimbursed as an out of network provider, depending on your policy.

How do I find out about my coverage? I ask that you initially call your insurance company to inquire about coverage. If you have any difficulty I will then call them myself to get needed clarification. When you call please ask them the following questions and write down the answers:

- 1) Does your policy cover out patient mental health and/or substance abuse benefits?
- 2) Do I have coverage for both in-network and out-of-network providers?
- 3) If so, do I need a precertification/pre-authorization for counseling? (this is very important to find out).
- 4) If you need pre-authorization, ask them to give you the authorization number, number of sessions and dates. I will need this information when I first see you so I can file the insurance.
- 5) How many sessions am I allowed per year?
- 6) What is my copay/coinsurance?
- 7) What is my deductible? Have I met my deductible? If not, how much do I still owe? Is there a separate deductible for mental health care?
- 8) Does my policy cover marital therapy?

IMPORTANT: I want you to be aware that if you decide to use insurance, a formal mental health diagnosis is required and will be a permanent part of your health care record. You can decide about this after talking with me in your initial session.

I am glad to help you with this if you have difficulty. Please call me at the office (843-810-8647) and I will get the information from you and check your benefits.

You can also email me at:

bethkeyserling@gmail.com.