



Health Insurance FAQ

Our office currently participates with:

- Aetna
- Century Health Solutions, Inc.
- Cigna
- LifeScope EAP (Sobel & Raciti)
- Preferred Health Professionals
- Preferred Mental Health Management/PBN

If you are not sure if we are in your network, please call your insurance company to inquire. You may also call us at 913-735-5566 to inquire about fees. When we are in-network, your fees reflect the insurance company's contracted rates and we will submit the necessary forms for you.

If we are not in your network, we can provide you with the documentation your insurance company needs in order to reimburse you. You will be responsible for paying our full fee at time of service, submitting the forms we provide you to your insurer, and collecting any reimbursements owed to you.

It is important to note that most insurance plans will not cover eTherapy (psychotherapy via videoconferencing) at this time. If you are unsure, it is best to call your insurer and ask.

Finding Out About Your Benefits

If you intend to use your health insurance, it is important that you contact your insurance company before you begin treatment to make sure we are in your network and to find out about your mental health care benefits. In this way you will have an idea of how much your insurance company will reimburse you, and what your out of pocket expenses will be.

The insurance company printed on the front of your card may or may not be the same entity that oversees your mental health benefits. In addition, some plans require you to have prior authorization before you can begin treatment. There is usually a customer service or behavioral health phone number somewhere on your insurance card.

When you call, tell them you want to know about your mental health benefits and ask:

- Do I need prior authorization, and if so, what is my authorization or certification number?
- How many sessions am I allowed?
- What is my deductible for both in-network and out-of network providers?
- What is my coinsurance and/or co-payment for both in-network and out of network providers?
- Are there any services that are not allowed (such as eTherapy, testing or family therapy)?

Will my health insurance cover the cost of my appointments?

Although we will do our best to help you with your health insurance, it is ultimately the insured's responsibility to know their own behavioral healthcare benefits and pay for services. The best approach is to call your insurance carrier and ask them what your behavioral healthcare benefits are both in and out-of-network.

Are you in my health insurance network?

Our office participates with a few select insurers. The best way to find out whether or not our office participates in your insurance network is to call your insurer and ask them. There is usually a customer service or behavioral health phone number somewhere on your insurance card.

What if you are not in my network, but I want to see you anyway?

If you discover our office is not in your network, but you still want to use our services, you have a couple of choices:

1. You can call your insurer and ask what your out-of-network behavioral (or mental) healthcare benefits are. Be sure to ask about copayments, coinsurance, deductibles and session limits. Our office can provide you with the documentation you need to seek reimbursement.
2. You can choose not to use your insurance and pay out of pocket. Give our office a call and we can discuss fees.

If I miss an appointment or I have to cancel with less than 24 hours notice, will my insurance company pay my missed appointment fee?

Clients are responsible for missed appointment and late cancellation fees. Insurance companies will not reimburse for this. Except in a true emergency, clients are responsible for the full fee if the appointment is canceled with less than 24 hours notice or if the client does not show for the scheduled appointment. If you use our online scheduling system, you may cancel and reschedule your own appointments online up to 24 hours before your scheduled appointment.

What is a “participating” or “preferred” provider?

A participating, preferred or in-network provider is a provider who has been invited and agrees to accept the terms, conditions and allowable payments of your insurer. A non-participating provider sets their own fees and terms.

What is a “copayment”?

A copayment is a specified flat amount for a specific service which the insured pays (such as \$40 for an office visit). It usually does not vary with the cost of the service.

What is “coinsurance”?

Coinsurance is a specified ratio or percentage of allowed charges (which can vary according to the service provided and the diagnosis received) that the insured is responsible for paying at each visit.

What is a “deductible”?

A deductible is the amount required to be paid by the insured before benefits become payable, usually expressed in terms of an "annual" amount. Your deductible may be different for in-network versus out of network providers and for medical healthcare versus behavioral (or mental) healthcare. It may also vary depending upon your diagnosis and the type of service you receive. The deductible must be met first and it is the insured's responsibility to pay for services until it is met. Once the deductible amount has been met, the insured's responsibility will then revert to either their co-payment or co-insurance percentage if applicable.

What are “session” or “benefit limits”?

Some insurance plans place a limit on the number of sessions or specify a maximum dollar amount they will reimburse for services in a year.

What can I do if I am having problems with my insurance company or they are not fulfilling their obligations?

If your company provides your health insurance and has an HR department, you can speak to them about your concerns; however, be aware that by doing so you may be sharing confidential health information with your employer. In Kansas you can contact the KS Insurance Commissioner 1-800-432-2484 or use the online consumer complaint form <http://www.ksinsurance.org/consumers/complaint.htm>. If you live in Missouri, you can contact the MO Department of Insurance consumer complaint line 1-800-726-7390.