**INSURANCE**:

This clinician is an out-of-network provider and therefore does not accept insurance. However, most insurance companies will reimburse clients for 50-80% of the fee. In order to seek reimbursement for therapy services by your insurance company, please follow the below steps.

As your therapist, I will also guide you through this process and answer any questions you may have along the way. At the end of each session, I will also provide you with a receipt to submit to your insurance company for direct reimbursement. This receipt includes all of the information necessary to file with your insurance.

Steps: A) Contact your Insurance Carrier 1) Ask the insurance provider if you have coverage for outpatient mental health psychotherapy and related mental health benefits. For evaluation, the code is CPT Code 09791, and for individual psychotherapy, the code is CPT code 90834). 2) Ask: Does a deductible need to be met, and has it been met? 3) Ask: Is Pre-authorization required? If so, try to obtain this umber before we meet in person. 4) Ask: Is approval or a referral required by a medical provider? 5) Ask: What is the amount of coverage for an out-of-network provider? This will likely be a percentage number. 6) Ask: Is there a time limit for submission of claims? 7) Ask: Where should my claims be mailed? B) Pay for each individual session out-of-pocket on the day the service is provided. You will accept reimbursement directly from your insurance company. C) Submit receipt form directly to insurance company D) Document by making copies and tracking your claims.

 Legally, all claims must be paid or denied within 30 days of submission. The South Carolina/Georgia Insurance Commissioner may also be a helpful resource if the insurance company is delayed in providing reimbursement.