

Health Insurance Disclosure

With all of the changes in the health care insurance industry, it is important for you to be aware of your policy, limits to coverage, and your rights concerning the access your insurance company and their designated management company have to information about you.

You are ultimately responsible for the cost of services provided even though it is understood that an insurance company or other third party payers will be reimbursing part or all of the cost incurred. It is to your benefit, and recommended that you contact your insurance company to make certain you are knowledgeable about what is and what is not covered under the category of “Intensive Outpatient Chemical Dependency Treatment” and “Outpatient Chemical Dependency Treatment”.

You will want to have answers to the following questions:

1. Are both Intensive Outpatient (higher level of care) and Outpatient Chemical (lower level of care) Dependency treatment covered?
2. Do I need to obtain preauthorization before seeing a provider for either above Level of care?
3. What is the percentage of the fee that is covered or reimbursed? Is it the same for both levels of care?
4. What is my deductible and has it been met for the year? Is it the same for both levels of care?
5. What is the maximum payable benefit? Is it the same for both levels of care?
 - a. What is the time frame for this benefit maximum?
6. Is there a limit to the number of sessions? Is it the same for both levels of care?
7. What type or categories of providers are acceptable for reimbursement (e.g. Is a paneled/covered provider required by my policy)? Is it the same for both levels of care?
8. What services are covered by my policy? (e.g. Evaluation, groups, individual sessions, urinalysis) Is it the same for both levels of care?
9. What is the extent of information that may be required from my provider to authorize services or reimbursement for services? (e.g. Diagnosis, symptoms, treatment plan).
10. Obtain the name of the insurance representative you spoke with along with the date and time of the call.
11. We recommend you keep all receipts for all payments made for services rendered.

Insurance companies do not pay charges for missed sessions or late cancellations (e.g. less than 24 hour notice). Additionally, insurance companies do not typically pay charges for phone sessions or written documents (e.g. Letters, written reports not part of an evaluation, etc.) You may be asked to pay for these charges directly.

Please fill out the “Consent to Release Information to Insurance Company” form authorizing Western Psychological and Counseling Services, P.C. and your provider to release the required information to your insurance company and/or its designated management company. If you have any questions please ask the front office staff or speak with your provider.

We will bill your insurance company directly. This is part of the service we provide to you. We do not inform you as to when your benefits are close to being maximized or have run out. You should keep track of this or check directly with

your insurance company. Your signature on the "Consent to Release Information" form will also authorize the insurance companies to make payments directly to Western Psychological and Counseling Services, P.C.

Signature: _____

Date: _____