

How To Ask Your Insurance Company About Your Coverage for Psychotherapy

At Laurel Fay and Associates, we do not participate directly with insurance companies. There are many reasons why we chose not to panel with insurance companies (see our handout entitled “Why We Don’t Accept Insurance”). The main reason is that the quality of your care could very well be compromised by including additional and possibly unqualified insurance personnel in making important decisions about your treatment. As of this writing, there are very few private psychotherapy practices in the Washington DC Metro area who accept private insurance for these very reasons.

At LFA, we do recognize that therapy can be expensive and cost-prohibitive for many people without the ability to recover some funds through insurance reimbursement. With this in mind, we are happy to provide you with this guide, designed to equip you with the right language to use with your insurance company when asking about possible reimbursement for your therapy.

Coverage for mental health services (often called “behavioral health”) varies widely from company to company and from plan to plan. That being said, most insurance plans have *some* coverage for mental health services, usually with the most coverage provided for an in-network service provider. But what if you want to use a therapist who isn’t in your insurance network?

1. First, make sure you have your insurance card or plan data in hand, along with the fee your LFA therapist charges (check website for current fees), and this LFA information:

Laurel Fay and Associates, LLC
8720 Georgia Avenue, Suite 308
Silver Spring MD 20910
Phone: 301-563-9520

info@laurelfay.com or maggie@laurelfay.com

Laurel Fay’s NPI (National Provider Number): 1649321100

Laurel Fay License Number: LCM167

Haley Axton Clark License Number: LCM860

Stefania Gheorghiu License Number: LCM851

Emma Levin License Number: LCM933

2. Next, call your insurance company and let them know you want to speak with someone about your behavioral health benefits, specifically your “out of network provider benefits” (more on that below). Record the date and time of your call and the name and contact number of person you speak to regarding the behavioral health benefits here:

Date	Time	Name of Insurance Rep	Their contact #
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3. When you speak with the behavioral health insurance rep, ask them about your **out-of-network provider benefits**. This information should include what the reimbursement rate or percentage is, if any of your deductible needs to be met before these benefits can be accessed, and what the process is for obtaining reimbursement. This is usually a form they either send you or you can download off their website, fill out, and return to the company. Record the answers to these questions here:

What are my out-of-network provider benefits under my current insurance plan?

How much is the reimbursement rate/How much can I expect to be reimbursed? How long does it take to be reimbursed? Should I batch receipts together and send them on a monthly basis, or send to you every week?

What is the process by which I can be reimbursed? What do I need to do?

Are there any limits on my out-of-network provider benefits, like a certain number of sessions given or a condition that needs to be met before I can use these benefits?

4. Lastly, ask the rep to give you the link to any forms you might need to access or send you the forms via email. Repeat back to the rep what you understand your benefits to be, and if you don't understand, keep asking questions until you do. You are the customer, the covered entity, the person who is hiring this company to provide for your insurance needs, and as such you have much more influence with the insurance company than any provider. Don't hesitate to speak up and advocate for yourself!
5. Remember to record the name and contact info of the person you've spoken to here:
