WITH YOUR CARE IN MIND:
UNDERSTANDING WHY MANY MENTAL HEALTH PRACTITIONERS DO NOT ACCEPT INSURANCE

I hear a lot of confusion and frustration from people seeking out mental health services regarding clinicians not accepting insurance. It's important for clients to understand the benefits of this policy so they can compare them to the benefit of lower initial out-of-pocket cost of services. My hope is that after considering the following review of the benefits that come with this policy, you will recognize the benefits and safeguards it provides.

Our office is not affiliated with any insurance providers. While this decision may initially seem in contrast to the type of patient-provider relationship you are seeking, we have found that eliminating the administrative complications related to insurance facilitates an even-better therapeutic relationship by making it easier for you to access care. And in addition, it can actually *save* you money. We do provide clients with documentation so that claims can be submitted on their own, which can not only provide some reimbursement for services, but also contribute to ever-increasing deductibles.

The following is a more in-depth exploration into the benefits for you, our client:

- **Increased ability to choose:** Most HMOs and PPOs require "preauthorization" before you can receive services. This means you must provide justification pertaining to reasons you are seeking therapeutic services in order for your request to be approved. The insurance representative, who may or may not understand the ins and outs of mental health treatment, will decide whether services will be allowed. If authorization is given, you are often restricted to seeing the providers on the insurance company's list. Reimbursement is reduced if you choose someone who is not on the contracted list; consequently, your choice of providers is often significantly restricted.
- **Increased ability to determine frequency of treatment:** With the obstacle of pre-authorization, you are at the mercy of your clinician's schedule. You may only be able to access appointments once your approved appointment has taken place, creating a risk that you will have to wait exorbitant amounts of time between appointments.
- **Pre-Authorization and reduced confidentiality:** Insurance typically authorizes a limited number therapy sessions at a time, and some companies will only authorize one at a time. When these sessions are finished, your therapist must justify the need for continued services. Sometimes additional sessions are not approved, leading to an end of the therapeutic relationship even if therapeutic goals are not completely met. Your insurance company may require additional confidential information about your treatment in order to justify a continuation of services. Confidentiality is inherently breached in these scenarios. Note: Personal information might be added to national medical information data banks regarding treatment.
- **Negative Impacts of a Psychiatric Diagnosis:** Insurance companies require a mental health diagnosis in order to be considered for reimbursement. Psychiatric diagnoses may negatively impact you. You may be denied disability benefits or life insurance policies, for example. You may be required by employers or other decision-makers to disclose any mental health- related diagnoses, which are likely to be misunderstood by an individual not trained in mental health and clinical endeavors. Diagnoses and records can also be subpoenaed or introduced into court proceedings.

You, the client, should expect to see a clinician that is dedicated to providing you with the highest quality in treatment. If you'd like to schedule an appointment with our office, please call 419-271-7797.