**A Guide to Using Your Insurance for Out of Network**

If your counselor does not accept your insurance plan, we encourage you to call your insurance carrier to understand exactly whatyour **out-of-network benefits are for outpatient mental health or behavioral health services**. When getting this information, the following specific questions should be asked (please have your insurance card ready when you call your carrier, the member phone number can usually be found on the back of your card):

* Tell the representative that you prefer to go “out of network” for therapy services and want to know what your “out of network” benefits are, if any, for outpatient mental health treatment? Please be sure to specify if you are seeking individual, couples or family therapy as the benefits may differ for these services.
* Is precertification/preauthorization required before I attend therapy?
* Number of psychotherapy sessions allowed per year?
* Some insurance companies won't cover marriage, couple or family therapy sessions

(code # 90847) in-network or out-of-network. If you are seeking couples or family therapy, be sure to get that information.

* If they say that they cover a percentage of the "Usual and Customary rate", ask them to tell you what the usual and customary fee is (the dollar amount).
* To what address do I mail the therapist’s bill in order to be reimbursed for “out of network” services?

Our billing department can provide clients with a coded receipt of their charges and payments at the end of each month (please request this at the initial session and remind your counselor when you need the receipt).

Please note: You must be diagnosed with a mental disorder to receive reimbursement from your insurance company (in-network or out-of-network). In order to be reimbursed for any type of mental health treatment delivered by any mental health provider, your insurance company will require a diagnostic code that represents the mental disorder for which you are being treated [according to the criteria set forth in the DSM-V, the Diagnostic and Statistical Manual of Mental Disorders]. You are encouraged to fully discuss the diagnosis with your therapist prior to that information being shared with your insurance company.

If you run into any problems or are still unclear about what to ask your insurance company, you may call the office at 716-245-4415 or email sscwny@gmail.com

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