



## Guidelines & Limitations of Insurance Utilization

Unless other arrangements are made, the cost of psychotherapy in our office is your responsibility. Your medical insurance may provide mental health (or “Behavioral Health”) benefits that may help you pay for your therapy. Coverage will vary depending on your insurance provider and your specific policy. We can assist you in determining your benefits, but it is ultimately your responsibility to know your benefits. There are specific guidelines and limitations for the use of insurance to pay for psychotherapy services and regardless of your insurance coverage, there are several situations in which your benefits will not apply. **Please read this entire document carefully if you are considering using your insurance help pay for therapy** and sign the consent form in the “New-Client Forms” that you understand these guidelines.

### Medical Necessity Criteria

Use of insurance benefits will NOT apply if the specific condition for which you are seeking treatment does not meet the “Medical Necessity Criteria” of your insurance policy. This means that you must qualify for and be given a mental health diagnosis that is covered by your specific policy. Some reasons that people seek our services (including partner-relationship problems, grief, phase of life, spiritual issues and others) do not generally meet the medical necessity criteria and insurance will not pay for the services.

To avoid unexpected financial liability, we strongly encourage you to read your insurance policy carefully and contact your insurance company with any questions you may have about its medical necessity criteria or other limitations in coverage. In most cases, services not covered by insurance are the responsibility of the client.

### Co-pays & Deductibles

A deductible is the amount of money you must pay out-of-pocket for services before insurance will begin to pay any portion of the service. With rising deductibles, this may mean that you would need to be seen for 10 or more sessions of counseling before your insurance would begin to assist with the cost of counseling.

A co-payment (or Insurance Co-payment) is the portion of the fee for therapy that you must pay once insurance starts covering the cost of the service. The insurance company will presumably then pay the remainder of the fee. (The fee will be the “allowable fee” agreed upon in the contract between the insurance company and the in-network provider.)

### Other Important Limitations of Insurance Coverage

- Referral by your insurance to the Counseling Center at Belle Meade UMC does not guarantee that insurance will cover the services at our center.
- Obtaining an authorization number or letter from an insurance company does not guarantee that insurance benefits will apply.
- However, if proper authorization is not obtained, insurance payments will not be paid.
- If a client presents with a “pre-existing condition”, insurance benefits will not generally apply.
- If treatment is court-ordered, insurance coverage does not usually apply.

***If insurance will not help cover your situation or need (or you would prefer to not use your insurance), and you cannot afford our regular fee, please talk to your counselor about other options for financial assistance.***