



Insurance & Billing Policy

Handling insurance can sometimes be stressful for all involved, so I like to take a collaborative approach where we work on this together. I am in a full-time solo practice, which means that I handle everything about the business, with the exception of a billing assistant that helps me for a few hours a month. Given this arrangement, here are some things for you to know about how I handle insurance in my office.

First and foremost, if you plan to use insurance, I strongly encourage you to be your own advocate with your insurance company! Due to the small nature of my business, I have limitations on how much I am able to help you negotiate with these big companies. Furthermore, most insurance companies prefer to deal directly with you, the consumer, when it comes to how your policy is applied to actual services. For those insurance plans where I am an in-network provider, I am able to confirm coverage and authorize my services, if needed. That said, please be savvy about how your own policy will cover psychological services, including deductibles, co-pays, and co-insurance. When we confirm your coverage, the insurance companies even tell us that the information they provide does not serve as a guarantee of coverage. Once in a while, we may get confusing or inaccurate information from the insurance company, so it helps us if you stay up-to-date on your insurance coverage.

My practice will file claims after each session for in-network plans. Insurance may request: identifying information, dates of services, diagnosis codes, prognosis, and treatment plan. If I am not in your insurance plan's network, you will be asked to pay the full fee at the time of service and you will need to file out-of-network paperwork. I can provide you a superbill from my practice for you to submit your own claim. If you need me to fill out additional paperwork for out-of-network benefits, I will do so if time permits, and this service may be subject to an administrative fee. If a claim is rejected due to a problem coming from my practice, we will resolve that issue as soon as possible and re-submit the claim. If a claim is rejected due to the specifics of a patient's policy, meaning the patient owes me an additional balance, we will notify the patient so they can get clarification from their insurance company if needed. Two weeks after the patient is notified of a claim rejection for policy reasons, the patient will be responsible for the unpaid balance in full. It is very important to let me know immediately if any part of your insurance coverage changes.

Foundations Counseling requires that a credit or debit card be kept on file in the event that unforeseen charges need to be processed. This would include any late cancellation/no-show fees and the above-mentioned insurance payments. In the event that your card will be processed, you will be notified. A credit card authorization form will need to be filled out at your first appointment.

Thank you for choosing Foundations Counseling. I look forward to working together.