

Why I Don't Accept Insurance

Seeing a therapist is different from seeing a doctor or your dentist. When a doctor or dentist uses insurance, the insurance requires disclosure of private health information to authorize treatment and reimbursement. For your doctor or dentist, the information requested is not usually sensitive.

When your insurance company requests your private health information to authorize treatment from a therapist, they can gain access to your private, sensitive, personal information that you relay to your therapist in your sessions. Also, insurance companies require therapists to diagnose and disclose certain mental health diagnoses to authorize treatment and receive reimbursement. These "psychiatric" diagnoses will be added to your medical record. A dental "diagnosis" being added to your medical record had different repercussions than a "psychiatric" diagnosis being added to your medical record.

The main reasons to not take insurance is to protect your private, sensitive, personal therapy information and records. Also, I don't feel entirely comfortable adding certain "psychiatric" diagnoses to medical records that are required by certain insurances that could have potential impacts to future life insurance policies, military repercussions, and other negative impacts. I prefer to give my clients the power to choose what information their insurance receives about their treatment instead of being required by the insurance to disclose information on behalf of the client.

Other Reasons Why I Don't Accept Insurance:

- Many companies will dictate the amount of sessions for certain clients based on their diagnosis- this limits clients to the amount of care that they have access to and then requires the insurance company to have more access to sensitive information to authorize for more care.
- Many companies will not cover couples counseling or family counseling which limits access to care for couples and family. This can make it difficult for my families and couples to receive care.
- Many companies ask therapists to prove that the clients "need" therapy to cover sessions which require the therapist to disclose sensitive information and continue to disclose this information.
- Negative Impacts of diagnoses that are required for coverage for sessions: Clients can experience denial of life insurance, loss of employment, loss of financial aid, and not being able to enter into the military due to disclosure of their psychiatric diagnosis on their medical record.
- Psychiatric diagnosis that is on your medical record due to reporting to the insurance company can be brought up in court (i.e. family court or criminal court) which may have not had anything to do with the situation or may be a past diagnosis and it can impact or influence a client in a court situation.

Superbills

I will provide superbills for all sessions via your client portal. Some insurance companies will partially or fully reimburse for “out of network” providers. I am considered an out of network provider unless you have applied for a gap extension with your insurance and got approved. You can submit a superbill to insurance and be in control of what information that your insurance receives. The amount that they reimburse and how they reimburse is contingent on your insurance company and on your policy. Any questions about reimbursement, contact your insurance company.

There are companies such as “reimbursify” that can help you file claims for a small fee per claim (\$1 or \$2 dollars per claim).