



What if my therapist is not in-network with my insurance company?

Finding a therapist for yourself or your child can be a confusing process. We encourage all new clients to consider that the financial investment in therapy is only one piece of your search to find a therapist and that ultimately you must find a therapist that will be the best fit for YOUR needs. We have seen many clients come through our doors that have previously “hopped” around seeing different therapists, often picked off of a list, and felt that their time was wasted and unproductive.

So what do you do if you find the therapist you want, but she or he is not in network with your insurance company?

While some of our therapists do not take insurance, many insurance plans offer “out of network” benefits that allow people to see providers that are not contracted with that insurance company. Typically there is a deductible that the client must meet each year and once that amount has been met, the insurance will reimburse a percentage of the fee for therapy.

In order to find out about your plan’s out of network benefits, you can call the phone number on the back of your insurance card, usually labeled as behavioral health services or sometimes just the customer service number.

Here are some helpful questions to ask:

- Do I have out of network mental health benefits?
- What is my annual deductible and has it been met?
- What is the allowable coverage amount per therapy session?
- What percentage/co-pay am I responsible to cover?

Insurance companies will usually say something like, there is “80/20” coverage, meaning once the deductible has been met, they will reimburse you for 80% of the session fee. This number will help you do the math on what it ultimately costs for therapy.

- Am I required to notify my insurance before starting therapy, even if I am paying out-of-pocket?