

## Paying For Services

The following options are available as options for payment when we are providing a service that is reimbursable by health insurance. Not all of our services, such as consultation, workshops, etc.. are covered expenses for health insurance.

### 1. Health Insurance Coverage

- In Network Benefits
- Out of Network Benefits
- The next two pages of this document are prepared to help make it easier for you to check your insurance benefits.

We encourage you to check your benefits, if using health insurance, prior to scheduling an appointment at our office. If you call us, we will encourage you to “verify your benefits” prior to scheduling an appointment at our office.

### 2. EAP (Employee Assistance Program)

- Many companies offer Employee Assistance Programs as an additional benefit for their employees. Check your employee benefits to see if the company you work for provides an EAP that we may possibly be able to work with to provide you with a predetermined number of sessions at no expense to you. We are in network and willing to consider contracting with those EAP’s for which we are not in network.

### 3. Private Pay

- If you do not have or do not want to use your health insurance benefits, paying privately is an option. Please talk with us about these details.
- Choosing to bill for counseling sessions through your insurance carrier is an important decision you must make. According to federal regulations, you may choose to ‘opt’, pay out-of-pocket, and NOT bill through your insurance policy. Clients who ‘opt’ are private pay clients. Should this be your preference, Solutions4Wellness, Inc. would NOT have the authorization to share your records with your insurance company. The decision made at the outset of services regarding payment of services is changeable at any time by completing a new form and updating your file. However, the fee or payment option is not retroactive and only changes for subsequent sessions.

### 4. HSA (Health Spending Account)

- If you have an account, we can accept HSA cards as a form of payment.
- Your HSA can be use with as a form of payment along side your health insurance.
- Just let us know that you would like to use your HSA and we can process payments with your card.

## Verifying Insurance Benefits

Use this form as a guide to verifying your insurance benefits. Before you call you will need:

Primary Mental Health Insurance Company Name: \_\_\_\_\_

**Telephone Number** (On the back of your card there is generally a website where you may be able to find out some of the needed information, although it seems to be more helpful to contact them by phone. If you do this, make contact by calling one of the numbers on the back of your card. There may likely be a number for "Behavioral/Mental Health" and if not, a "Customer/Member Services" number. One of the two of these should get you connected to a representative to check on your benefits.)

Phone #: \_\_\_\_\_

Group ID #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Primary Insured's Name \_\_\_\_\_ and Date of Birth \_\_\_\_\_

Let the representative know that you "want to verify your behavioral/mental health benefits" either for Self or that you are a Dependent.

Date Contacted: \_\_\_\_\_ Representative's Name: \_\_\_\_\_

Ask the following questions about your insurance benefits, if the representative doesn't offer:

Am I In Network for this practice/office?	Solutions4Wellness, Inc. NPI: 1841739620 Tax ID: 81-4201032	Yes / No
Or this provider?	Christina Diesen, LCSW NPI: 1326161969 Tax ID: 47-2895887	Yes / No
Or this provider?	Kim Peek, LCSW NPI: 1235321829	Yes / No

If "In Network", complete the middle column, if "Out of Network," fill in the last column.

	In Network Coverage	Out of Network Coverage
<b><u>Is there a Deductible for Individual Sessions:</u></b>	Individual Session: Yes/No	Individual Session: Yes/No
Annual effective date:	Date: _____	Date: _____
Amount of Deductible::	\$ _____	\$ _____
Deductible amount met as of today:	\$ _____	\$ _____
<b><u>Deductible for Couples or Family Sessions:</u></b>	Couples or Family Sessions: Yes/No	Couples or Family Sessions: Yes/No

Annual effective Date of Coverage:	Date: _____	Date: _____
Amount of Deductible:	\$ _____	\$ _____
Deductible amount met as of today:	\$ _____	\$ _____
<b>Are the following mental health services or CPT/Billing Codes covered?</b>	Initial Session (90791) Yes/No 45 Min (90834) Yes/No 55 Min (90837) Yes/No Family (90847) Yes/No Biofeedback (90901) Yes/No Group (90853) Yes/No Complexity (90785) Yes/No	(Write below if coverage differs for out-of-network)
<b>Is pre-authorization required for any Codes? (90837 is more routinely requiring a pre-authorization, so please verify)</b>	Yes/No If yes, Details:	Yes/No If yes, Details:
<b>What is the co-pay or percentage I am responsible to pay?</b>	Co-pay \$ _____ or % _____	Co-pay \$ _____ or % _____
<b>Is there a limit on number of visits per year?</b>	Yes/No If yes, number of visits remaining for this year _____	Yes/No If yes, number of visits remaining for this year _____

Additional Info for "Out of Network" Benefit Inquiry:

<p>***Important question to ask your insurance representative for <u>out-of-network reimbursement</u>:  <b>"What is the process to get reimbursed for out-of-network services?"</b></p>
<p>If Solutions4Wellness, Inc is an "Out of Network Provider," ask the representative what your financial expectation is for each CPT/Billing Codes listed above.</p>
<p>One other option is to ask if Solutions4Wellness can set a "Single Case Agreement" Yes/No          "What are the steps to do so?" (we can then assist you with this).</p>

<p><b>***What is the Authorization Number for Today's Call?</b>  <u>Most Companies will give a number or the representative's name and date of call. This is VERY IMPORTANT information for in the event the insurance company for some reason does not pay their portion in the manner that they tell you.</u>  <b>Authorization Number:</b> _____</p>
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**\*\* Bring this form with you to your first session with your Intake Paperwork.**