



Helpful Tips for Speaking with Your Insurance Company

Checking Your Insurance Benefits

Before beginning counseling, we strongly encourage our clients to call their insurance company to confirm their benefits for mental health services. Below are important questions to ask:

1. Have your insurance card ready and call the number listed on the back of your insurance card. If there is a separate customer service number for **“Mental Health Benefits”** or **“Behavioral Health Benefits”** call the number provided. If there is no separate number for either of these options, call the customer service number.
2. Is my Reflections Counseling & Wellness Counselor an “in-network” provider with my plan?
 - a. You will need your Counselor’s NPI number when you call:

Chelsea McCarty:	1336558766
Kevin Allen Jr.:	1396499679
Rose Fedechko	1104600758
3. What is my coverage for outpatient mental health counseling?
4. Do I have a deductible, co-insurance, or copayment?
5. If so, how much am I responsible for?
6. Is there a limit on the number of visits?

If Reflections Counseling & Wellness is not an in-network provider with your plan, please see the information below about out-of-network benefits.



Out of Network Benefits

Many insurance plans offer “out of network” benefits that allow clients to see providers that are not contracted with their 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.

For example, a member may have out-of-network benefits that include a deductible with “70/30” coverage, meaning that once the deductible is met the insurance company will reimburse the member for 70% of the session fee the member paid to the provider.

If the member is using out-of-network benefits, the provider will provide documentation to the member in the form of a “*superbill*” to submit to their insurance company for reimbursement.

The tips below will help you talk to your insurance provider about “out of network” benefits and help make an informed decision about therapy:

- Have your insurance card ready and call the number listed on the back of your insurance card. If there is a separate customer service number for “**Mental Health Benefits**” or “**Behavioral Health Benefits**” call the number provided. If there is no separate number for either of these options, call the customer service number.
- Questions to ask your insurance provider:
 - Do I have out-of-network mental health benefits?
 - What is my annual deductible and has it been met?
 - What percentage of the provider fee am I responsible to cover?
 - Am I required to notify my insurance before starting therapy, even if I am paying out-of-pocket?