

Paying with Insurance

Can I get reimbursed for services?

Risso Counseling, Inc., therapists are not in-network with any insurance companies. However, we will provide you with a superbill (an insurance-specific receipt) at the end of every month upon request. Some insurance companies partially reimburse you for the session fee you pay to us. Every insurance company has a different process, so it's important to check with your provider to see what this looks like.

How can I find this out?

Call the number on the back of your insurance card for the Benefits Department and write down every answer you receive. Ask for explanations of anything you don't understand, and you're welcome to request speaking with a supervisor if you're not happy with the answers you are getting. Write down the information they provide, as you'll need careful records later if the company fails to follow through with what they've told you.

The following pages are for you to print and to have when you speak with your insurance representative. We recommend that you follow the questions in the order provided.

**Thank you and we hope that you select
Risso Counseling, Inc. for counseling services!**



Questions for Your Insurance

Follow the questions in the order below:

1. What is your name and extension number?
2. Does my policy cover out-of-network Behavioral Health? The therapist I am interested in working with is a California Licensed Marriage & Family Therapist.
3. The therapist is willing to provide a superbill with a statement of Session Dates Attended, CPT code, and the Diagnosis. Is this acceptable to the insurance company?
4. Does my policy cover Psychotherapy under CPT code 90837 (a 60-minute session) for me?
5. Are there any mental health diagnoses that are not reimbursable?
6. How many sessions are covered per year?
7. What is my lifetime maximum for mental health benefits?

8. What is my Out-of-Network deductible? (Note: This is the amount you have to pay before they start reimbursing you - and for some insurance companies, this can be prohibitively high)

9. What is the Allowed Amount of Fee?*

10. What percentage of the Allowed Amount will be reimbursed?

11. How do I file a claim? Online, through mail?

12. Do you require my claim to be submitted within a certain number of days from the date-of-service, in order to be considered for reimbursement? If so, what is that time period?

13. What is the payment schedule? (In other words, how long does it take for them to process your paperwork and then reimburse you?)

14. What is the claims department phone number, so I can follow up on the status of my claim at a later date?

***Something to note:**

Many insurance companies will reimburse a percentage of the total fee paid. For example, your company may reimburse you 80% of the total fee paid, or \$80 for, say, a \$100 individual session.

Other companies will substitute the \$100 fee for what they deem appropriate, regardless of what you paid. For example, your company may say that they will reimburse you 80% of the “allowed amount” of the fee. You paid \$100 for an individual session, but your insurance company only allows \$60. Therefore, you will be reimbursed 80% of \$60, or \$48.

They may try to withhold this information from you. And actually, they are legally allowed to do so. Ask to speak to a supervisor and say that you cannot plan your medical expense budget without this number.