



FEES

Individual : \$200 Couples: \$250 Family: \$250

The full amount or a percentage of these fees will be paid by your out of network health insurance.

Please call us with any questions; we welcome any opportunity to make this an easy process for you.

INSURANCE

OMINIS is an OUT OF NETWORK PROVIDER

Being out-of-network permits to offer a higher quality service to clients,

and that you will not be limited or restricted by the insurance policies regarding the services you will get

If your insurance allows it ,OMINIS will as a courtesy to you file the claims for you, and you will be reimbursed directly.

OMINIS prefers not to be part of health insurance panels because:

- limit patient's privacy and confidentiality,
- the goal is to manage (as in, "keep their costs down") your access to mental health services,
- require extensive paperwork and therefore increase the provider's overhead costs and, most importantly, they may hinder a mental health provider's ability to practice in a tailored fashion by setting limited number of sessions, type of treatment offered, etc.

Calling your Insurance for Benefits and Preauthorization

Have your insurance identification card. Do not feel shy about requesting this information; as the customer, you have a right to this information. Your insurance provider's phone number is usually toll-free, and is located on the back of your insurance card.

State that **you are calling to find out what coverage you have for services provided by an out-of-network provider who is a clinical licensed professional counselor.** The representative will ask for your name, date of birth, policy holder, policy holder identification number, and group number.

Remind them that you are seeing an out-of-network provider and does not work under their fees schedule. Tell them that the **CPT code is (what applies to you): individual counseling, or family counseling, or couple/marital counseling.**

Ask the following:

- **Individual** - Insurance coverage provided: Yes ___ No _____. **Couples** Yes ___ No _____. Some insurance will not cover it, but we can make special arrangements, please call OMINIS to find out.
- **Do I need an authorization number?** _____
- **What percentage-will you pay or reimburse?** _____
- **What deductible must be satisfied before you start paying?**_____.
- **How much of my deductible is already satisfied?** _____
- **- Is there a limit on the number of sessions ?** Yes ___ No ___
- **Is there a maximum dollar amount for this service?** _____.
- **Is there a yearly maximum?** _____ **Is there a lifetime maximum?** _____.-



- Once again ask for your representative's name: _____.
- Then ask "In the future, what is the best phone number to call with future inquiries about mental health benefits?" _____

After ending the conversation, record the date: _____ and time _____ of phone call.

This should provide you with most of the information that you need to know about how much you will be reimbursed by your insurance company for your counseling sessions.

More Information on Mental Health Insurance Coverage

When your insurance is billed for payment, it will have access at least to your diagnosis and appointment dates through the invoices submitted. They may also require, from in-network providers, a treatment plan, type of therapy being performed, clinical progress, etc. The information they require from providers include a psychiatric diagnosis that will stay on database records and may be passed on to future insurers. Most insurance companies screen mental health benefit usage to determine if you are insurable (this includes disability and life insurance). When you pay out of pocket, the information is more in your control.

- Many people chose to see a therapist without insurance paying for it (and therefore knowing about it) to prevent any possible disclosure of their health information.
- Patients are usually covered for 12 to 30 sessions a year and are expected to pay 20 percent to 50 percent of the bill, depending on where you live and your therapist's credentials.
- Usually, there is a yearly deductible and a co-payment for each visit. Often, there is a yearly maximum on either the number of visits or the amount paid for counseling services, unless your plan or state has "parity" clauses or laws, which means that treatment for problems with a biological cause (i.e., bipolar disorder, some depressions, some anxiety disorders and some other illnesses) are covered as much as other medical illnesses.
- In cases where there is no mental disorder serious enough to meet your particular insurance company's guidelines, Mrs. Bilis will not issue a more serious diagnosis simply to secure better insurance benefits.
- Many times insurance companies "carve-out" the mental health portion of their insurance, and thus if you have Medical coverage for one company you do not always have them for mental health coverage. For example, even though you may have a Blue Cross or Cigna health insurance card, you need to read the back of the card and check out your benefits to see if the mental health portion is "carved-out" to another insurance company. In addition, some insurance companies do not cover certain types of sessions (for instance: family therapy) and other insurance plans exclude certain diagnoses (for instance: autism). You may contact your insurance company.
- **Can you see a therapist of your choice with your current insurance?** If you have a Preferred Provider Organization (PPO) plan, it is possible to have fees partly covered for providers who are out of network. In this case your out-of-pocket payments will not necessarily be higher. The insurance carrier might pay between 50% to 80% of the fee.
- If you have a Point of Service (POS) plan —also known as a "Fee for Service" plan— you can see any doctor in the country, and your insurance company will cover the fees.
- If you have a Health Maintenance Organization (HMO) plan or a prepaid health plan, These professionals are in-network providers, and it may not be possible to be reimbursed for the cost of out-of-network treatment.

The information in this page is intended to guide and also educate regarding mental health coverage by health insurances. This information may or may not apply to you or your insurance carrier.

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