

# EnGedi Life Care, PLLC

## About Insurance

This notice provides information about using insurance for mental health services. Please review this carefully.

### INSURANCE COVERAGE

If you are planning to use health insurance or managed care (third party payers) towards the cost of therapy, you have the responsibility to ascertain such coverage is included in your policy and any limits to that coverage.

Frequently, your third-party payer sets restrictions or limitations on what or who is covered. For example, an individual may be covered, but therapy for a couple or family may not be covered.

Most often policies cover only one hour per session, with one-two sessions per week, and may limit the total number of covered sessions. Additionally, most third-party payers do not cover couple's therapy when the couple is not married, nor is pre-marital counseling usually covered.

Pre-existing condition clauses, copayments, deductibles, and coinsurance may also factor into the amount paid, if any, toward therapy services. In all cases, you are responsible for any payments the third-party payer indicates are your responsibility.

### ACCEPTING INSURANCE

Your therapist will only accept your insurance towards reimbursement for services if the therapist is contracted as an in-network provider with your insurance company.

If your therapist is an in-network provider for your insurance, you are still responsible for paying any copay, deductible, or other payments that insurance indicates is your responsibility.

If your therapist is not in-network with your insurance, and you want to file for out-of-network reimbursement yourself, a receipt with information for out-of-network self-filing will be provided upon request.

### DIAGNOSIS AND MEDICAL NECESSITY

Whether your therapist is in-network or you are filing out-of-network, in all cases insurance and managed care providers work from a "medical model" in which a "patient" (1) must be diagnosed with an "illness or

disorder" and (2) the treatment of the disorder must be "medically necessary."

- Your therapist determines a mental health diagnosis from the Diagnostic and Statistical Manual of Mental Disorders, which lists different categories of mental disorders and the criteria for diagnosing them.
- Medical necessity can be shown when someone describes symptoms and/or behaviors that interfere with their ability to function at work, school, or in the relationship.

Even when your situation is not the result of a mental illness, a formal diagnosis must be determined and be medically necessary for the third-party payer to reimburse for services.

Under these criteria, whether therapy is individual, couple, or family, one person will receive a mental health diagnosis and be designated the "patient." All claims for reimbursement are submitted as a treatment for the designated "patient."

### CONFIDENTIALITY

Once you receive a mental health diagnosis, that diagnosis becomes a part of your permanent medical records. As with the rest of these records, other insurance or managed care providers, or other third parties with a legal right, can access this information.

Your third-party payer also maintains the right to review your therapy records at any time, usually in order to verify treatment. The information requested may include the diagnosis, symptoms, treatment plans, and treatment goals.

Depending on your third-party payer, other interested parties such as your primary care physician (for care coordination), or plan sponsor (for plan administration) may also be informed of your therapy (but not the specifics of that care).

EnGedi Life Care is not responsible for the confidentiality of the information once that information is released to third party payers. By using insurance or managed care for your therapy, you agree to this release of information without any other formal notice or declaration.