



Client FAQs: Billing & Insurance

The amount of mental health insurance coverage for outpatient treatment varies depending on the individual plan. In most cases, insurance covers part, if not all, of the cost of outpatient treatment; however, your policy may limit the number of days or sessions. Some mental health coverage also may not cover certain types of programs – for example, holistic treatments and alternative forms of therapy.

If you have any question about what type of treatment your insurance company covers, the best thing to do is simply call and ask the company (the phone number is usually found on the back of your ID card). You can also sign into your online account and look through your Summary of Benefits and Coverage. Most policies cover any treatment that’s medically necessary, including mental health treatment. This would generally mean that a mental health diagnosis from a physician is enough to ensure claims are paid. It’s also important to check to see if the facility or provider is in-network with your insurance.

Glossary of Terms

<p>Coinsurance Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. The health insurance or plan pays the rest of the allowed amount.</p>	<p>Copay A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.</p>
<p>Preauthorization A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or medical equipment is durable medically necessary. Sometimes called prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency.</p>	<p>Deductible The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won’t pay anything until you’ve met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.</p>
<p>Excluded Services Health care services that your health insurance or plan doesn’t pay for or cover.</p>	<p>Network The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.</p>

This glossary has many commonly used terms but isn’t a full list. These glossary terms and definitions are intended to be informational for patients. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.



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Participating Insurances: Valid health insurance information must be provided to us to ensure appropriate reimbursement for your care. If your insurance does not pay 100%, you will be responsible for any deductible, co-payment, coinsurance, and any non-covered services.

Secondary Insurances: As a courtesy to you we will bill your secondary insurance. Valid health insurance information must be provided to ensure transferring and billing of balances after receiving your primary carrier's reimbursement.

Co-Pays: Co-pays are due at the time of service.

Self-Pay: If you do not carry insurance - payment is expected at time of service unless payment arrangements have been established with our billing department prior to your visit.

Cancellations & Rescheduling: Cancellations must be made equal to or by phone 48 business hours in advance. The policy does not include weekends, meaning a 9:00 AM Monday appointment must be canceled by Thursday at 9:00 AM. A fee will be incurred for appointments missed or canceled without 48-hour prior notice. For follow-up appointments, the fee is \$100.00. The fee for a missed evaluation appointment is \$150.00. Please note that insurance companies will not reimburse for missed appointment fees and you will be responsible for payment. Fees must be paid prior to making a new appointment. More than two missed appointments in a year may result in a referral to an alternate provider.

Payment Plans: Our office will be happy to work with you to pay any balance due to our practice.

Collections: Any patient that has been placed in collections must pay any outstanding balances owed along with the collection agency fee to the practice before an appointment will be scheduled.

By signing this document, I, _____, attest that I have fully read and understand the financial agreement of Eastside TMS and Wellness Center. I will cooperate with the billing department of Eastside TMS and Wellness Center to ensure payment for my services.

Signature of patient

Date signed

If patient is under the age of 18, a parent/guardian must sign for them to indicate financial responsibility.

Signature of parent/guardian

Printed name of parent/guardian

Date signed