



UNDERSTAND INSURANCE COVERAGE & FEES FOR COUNSELING & ASSESSMENT SERVICES

Prepare to Change clinicians may be a qualified provider within your plan. If we are considered out-of-network for your plan, our office can provide a billing statement for you to submit for reimbursement with your insurance provider.

Do you accept my insurance?

YES! We accept ALL mental health insurance, other than Medicare. Even if Prepare to Change is not listed as an "in-network" provider, you still have excellent insurance coverage to help supplement the cost of treatment fees. Although you may have a slightly higher co-pay, you can rest assured we provide the highest quality counseling at a fair value. By maintaining our status as an "out of network" provider, our office has the ability to recommend the best treatment for you, without compromising care due to restrictions and limitations placed by your insurance plan.

What are specific advantages to private pay and out-of-network?

While some counseling centers are part of many insurance networks, we believe that private-pay and out-of-network services often have advantages over in-network payment plans. These advantages may include greater client control of private information shared with insurance companies, more options for appointment availability, and access to more experienced providers.

We refuse to compromise the quality of care our patients expect and deserve. Our practice will continue to offer the state-of-the-art behavioral health treatment options.

If you would like to use your insurance benefits for therapy or assessment services, check with your insurance carrier for possible "Outpatient Mental Health" coverage.

Will you help with the insurance submittals for my visits?

Yes! As a courtesy to our patients, we file electronic claims for services within our provider networks. Conversely, if we are not in-network for your insurance carrier, we will provide you with the necessary procedure and diagnosis codes on a SuperBill for your quick and easy submittal.

If you are utilizing insurance, it is your responsibility to contact your insurance company directly to obtain information about your mental health/substance abuse benefit package including: deductibles, reimbursement rates and percentages, number of sessions covered, in-network and out-of-network provisions.

What payment is expected of me at the time of service?

Most insurance companies require a copay, which will be expected at the time of service. After your appointment, we will enter the services provided to you. Then we will provide you with a service total along with an estimation of what your insurance will cover. The difference is payable at the time of service. After we receive the insurance payment, if there is a balance due, we will charge your payment method or send you an invoice.

I thought I paid my portion, but I got a bill. Why?

We estimate the portion of your bill that will not be covered by insurance, but there are many factors that can affect this estimate. There may be a required deductible or changes to your benefits. As with any medical procedure, sometimes additional treatment is required and unforeseen additional costs arise.

Will I be charged a fee if I miss an appointment?

If you are unable to keep your scheduled appointment, we request a 24-hour notice or you will be charged for that appointment. Missed appointments cannot be billed through insurance. We do not overbook or double-book appointment times as may be common in other medical practices.

What payment methods are accepted?

Payment or insurance co-payment is required at time of service. Payments can be made in cash or by check or credit card.

Do you offer telephone consultations?

All of our psychologists and clinicians offer initial 15-minute telephone consultations to determine appropriate treatment options. In addition, we provide video and telephone appointments as requested.