



## Finding a Mental Health Provider Using Your Private Insurance

### Step 1 **Find Your Insurance Card**

### Step 2 **Call Your Insurance Company**

Call the number on your card for mental health services.

- Mental health services are sometimes also called ‘behavioral health services’ by insurance companies.
- The number you call for mental health services might be different than the number you call for physical health benefits.
- The phone number is likely on the back of your card.

### Step 3 **Get Information about Your Benefits**

Ask your insurance company for assistance finding a mental health provider.

- Most insurance companies require a payment for each visit you make to a provider. Ask how much you will pay per session; this is also called a ‘co-pay’.
- Ask how many sessions you are entitled to per year.
- Indicate what zip codes you are willing to travel to.
- If you are looking for someone to talk with, ask for a list of therapists.
- If you are looking for someone who can prescribe medication, ask for a list of psychiatrists or MDs.
- Relay if you have any specific preferences for a provider, like what kind of specialty the person has (e.g. depression, anxiety, etc.).
- You may also ask for instructions on how to get a list of names using the internet.
- You will need to ask about any required deductibles. Some plans have deductibles and others do not. A deductible is the amount of money that an insurance company may require the enrollee to pay out of pocket before the insurance benefits begin. For example, a plan may have a \$100 deductible for medicines, a \$300 deductible for in-network providers and a \$1000 deductible for out-of network providers. This is in addition to any required copays that begin after the required deductible has been met. Any money paid by the enrollee for these services should be recorded in the form of a receipt that is turned into the insurance company and applied to the deductible. Sometimes the pharmacy or clinician will submit these receipts and sometime the enrollee is required to submit these receipts. Check with your plan.
- Keep in mind that mental health benefits are often different than medical benefits.



## Step 4

### Call Providers Who Take Your Insurance

Start calling some of the providers on the list you were given by your insurance company. You may need to call more than one person if the first person you try doesn't call you back in 24-48 hours. If you need a therapist and a psychiatrist, you will need to call people from both lists.

- Providers almost never pick up the phone. You will need to leave a message with your phone number and a good time to reach you.
- If you haven't set-up your voicemail, this is a good time to do it, so that you don't miss a call back. Most providers won't email or text to set-up an initial appointment.
- When you leave a message or talk to the provider, ask if the provider is accepting new patients/clients, tell him or her what kind of insurance you have, and say something about what has been bothering you that has led you to call his or her office.
- Often psychiatrists and neurologists are listed together under psychiatrist providers. While some neurologists are capable and comfortable prescribing some psychiatric meds, many others are not. Be sure to clarify that the provider is someone comfortable assessing and treating your condition.
- Psychology Today offers a helpful provider search that many clinicians post profiles to. You can visit the site at <https://www.psychologytoday.com/>.
- Many providers will offer a free phone consultation.

## Insurance FAQ's

### 1. How much will my appointments cost?

The answer to this question will vary depending on your individual insurance plan. Call your insurance company to find out the answer. Inquire what your 'co-pay' is to see a therapist/psychiatrist and if there is a deductible that must be met first. A co-pay is the amount that you will be responsible for paying at each session. You can also ask how many sessions per year you are entitled to.

### 2. Will my parents know I'm going to a mental health provider if I am on their insurance plan?

While confidentiality of mental health services is legally protected, some information (including date and type of appointments) may be conveyed in correspondence sent to the person who pays for your insurance. For more details, please speak to your insurance company and your provider.

### 3. Can I just look on the internet to find a provider that takes my insurance?

If you decide to use the 'Find a Provider' feature on the website for your insurance company, be sure to enter your member number or plan name for a correct list of options. If you just go to the website of the main insurance company on your card, you might end up with a list of providers that don't take your insurance. In addition, sometimes the main website might redirect you to a different website to search for mental health providers. Keep in mind that you should **always confirm** directly with your provider that he or she takes your specific insurance plan.



#### **4. What's the difference between the kinds of therapists?**

Common licenses for psychotherapy providers are PhD and PsyD (psychologist with a doctorate), LCSW (Licensed Clinical Social worker), and LMFT (Licensed Marriage and Family Therapist). Despite these different names, all of these providers work with clients with a variety of concerns.

Psychiatrists (MD's) prescribe medications, and some also provide therapy. If you think you need testing, including for ADHD or a Learning Disability, going to a PsyD or PhD who has expertise in assessment is the best option. Here are some more tips on choosing a therapist:

<http://www.adaa.org/living-with-anxiety/treatment/questions-choosing-your-therapist>

#### **5. What if I want to see someone who doesn't contract with my insurance company?**

- a. It will likely be more expensive to see an 'out-of-network provider' than a provider on your insurance company's panel. Many insurance companies will not pay at all for you to see someone they do not contract with. However, you can ask your insurance company if your plan is a Preferred Provider Organization (PPO). If you do have a PPO, it is possible that your company will pay a portion of the fee for an out-of-network provider.
- b. In DC, most psychiatrists and many specialized therapists are not associated with any insurance plans and are considered "out-of-network." This can make finding a providers challenging. If you decide to see an out-of-network provider, be sure to ask your insurance company about any out-of-network provider deductibles; what percentage of the visits you will be expected to cover; what your insurance company considers to be usual & customary (U&C) charges for the zip code of your provider; number of sessions allowed per calendar year.
- c. Generally, you will pay the out-of-network provider directly for their services for the full amount. You and the provider will determine if this will be paid after each session or at the end of the month. After you render payment, the provider should give you a receipt that includes the date, the type of service billing code, a diagnosis code, the fee charged and the amount paid by you. You will submit this receipt to your insurance company (sometimes the provider will submit this on your behalf.) The insurance company will reimburse you for the amount that your plan allows.

#### **6. What if I'm having an emergency?**

If you are having an emergency, always call 911 or go to your local emergency room. If you are a GWU student with an urgent matter and you have not yet found a community therapist, call our 24/7 help line at 202-994-5300.

#### **7. I still have questions. Who can I talk to at Colonial Health Center to help me?**

If you are unsure how to proceed, you can call Mental Health Services at 202-994-5300. If you have a MHS therapist, ask him or her for assistance. If you do not have a therapist but have psychiatrist at CHC, ask to speak with a case manager who can help you.