

ABOUT OUR INSURANCE CONTRACTS

Patient care involves cooperation between client, provider and the insurance company to provide service as efficiently as possible.

Your contract with your health insurance company may state that your mental health coverage is limited to:

1. Services that are determined to be “medically necessary.” Medically necessary may be defined as presentation of a DSM IV Axis I diagnosis (these are acute symptoms).
2. Conditions that are able to be treated with short-term, problem-focussed, goal-oriented approached whenever possible.

You and your therapist will need to discuss the nature of your problems and set a specific goal(s) for treatment that falls within these guidelines. Usually your insurance will then cover a limited number of office sessions required to work on your problem as intensely as possible with the focus of eliminating acute symptoms. We will work with you to accomplish the identified goals in a cost-effective manner.

Members of this practice have entered into an agreement with your insurance company to provide services within these conditions. This practice reviews cases for quality assurance. Your case may be reviewed by a utilization review/quality assurance group set up by the insurance company or members of this practice.

Sometimes people enter therapy with a number of problems. Some problems may meet the conditions of your insurance coverage while others (e.g., individual growth, long-term personality issues, etc.) will not. Should you desire to continue treatment for these or other non-covered conditions, your therapist will discuss options with you.

After the completion of services here, you may receive a brief questionnaire to help us evaluate the services provided. If you would prefer to not receive such a questionnaire, please let us know.

If you have any questions about your coverage, confidentiality, or other aspects of your treatment, please ask your therapist.

PLEASE SIGN TO SHOW THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE ABOUT YOUR COVERAGE, THAT YOUR CASE MAY BE DISCUSSED FOR UTILIZATION REVIEW/QUALITY ASSURANCE, AND THAT INFORMATION REGARDING TREATMENT AND DIAGNOSIS MAY BE PROVIDED TO YOUR INSURANCE COMPANY FOR THE PURPOSE OF THEIR CASE REVIEW AND MANAGEMENT OF YOUR BENEFITS.

Signature _____ Date _____