



# Out-of-Network Guide

**Disclaimer:** Creekside Therapeutics is out-of-network with ALL insurance companies. This guide is provided to assist you with calling your insurance company to check on your out-of-network benefits. Creekside Therapeutics is not responsible for the information obtained using this guide.

## Payment at Creekside Therapeutics:

Payment is due at each session, unless another payment plan has been established. Thus, the client will pay their fee with cash, check, or credit card. Clients can request an itemized receipt of payment for services which will be fulfilled at the end of each session. This may be used to submit to your insurance company. It is the client's responsibility to handle this submission.

## How to check your out-of-network coverage and possible out-of-network benefits:

- Plan for 30-60 minutes of your time available to call your insurance company. Make sure to have this information ready before your call:
  - Insurance card
  - Name, date of birth, address, phone number, and possibly social security number of the cardholder and person for whom the services are for
  - Pen and paper/notepad
- Questions to ask:
  - Are there out-of-network benefits for this policy?
  - Do I have **a mental or behavioral health policy with out-of-network benefits?**
  - What are the requirements to use out-of-network benefits?
  - Is prior authorization required?
  - Is a referral required from my primary care physician?
  - Do I have an out-of-network deductible?
    - If yes:
      - What is my out-of-network deductible?
      - How much of my out-of-network deductible has been met?
  - What is the start date of the calendar year my out-of-network policy is based on?
- In addition, ask the representative if your policy covers these services (use the CPT codes provided below). How much is the insurance company's "usual and customary fee" and what percentage do they cover?

Service	CPT Code	“Usual and Customary fee”	Percent covered, after the deductible is met
Diagnostic Interview: 75-90 minutes	90791	\$190 JC  \$150 HO, LG, DH	
Individual Therapy: 31-50 minutes	90834	\$150 JC  \$100 HO, LG, DH	
Brief Individual Therapy: 15-30 minutes	90832	\$120 JC	
Group Therapy: 45-90 minutes	90853	\$40-\$80	
Family/Couple Sessions: 26-50 minutes	90847	\$120 HO, LG	

- Other questions to ask:
  - Is there a session limit?
    - If yes:
      - What is the session limit?
      - How many sessions do I have left?
  - What percentage of services is covered/what is my co-insurance?
- At the end of the call make sure to have:
  - Date/time you called
  - Representative's name
  - Reference number for the call
- Information that will be provided on your requested receipt of payment:
  - Provider's name
  - Provider's NPI
  - Provider's license number
  - Federal Tax ID number
  - DSM-5 and ICD-10 diagnosis codes
  - CPT or Procedure codes

**\*\*Remember: You will pay Creekside Therapeutics the full amount and your insurance company will reimburse you for the amount they cover!\*\***

**Providers:**

Creekside Therapeutics Federal Tax ID: 87-3036240

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