



I am considered an “out of network” (OON) provider. The client pays for all services in full through a secure patient portal.

Pricing:

Initial Appointment (90 minutes): \$350

30-minute Follow-up: \$150

45-minute follow-up: \$175

### **Do I have out-of-network coverage?**

Most PPO plans provide out-of-network benefits, but I recommend that you speak with your insurance company to confirm. Here are some questions to ask:

- Does my plan provide out-of-network benefits for outpatient psychotherapy or psychiatry?
- Do I have an out-of-network deductible?
- How much of my deductible have I used this year?
- What is the allowable amount for psychotherapy or medication management?
- What percentage of the allowable amount does my plan reimburse?

### **How do I use my out-of-network benefits to get reimbursed?**

If you decide to seek reimbursement from your insurance company, I will provide you with a detailed invoice (insurance companies call this a "superbill") that will make this process simple and straightforward. It usually only takes a couple of minutes to submit a claim and your insurance company's claims person can walk you through what steps to take if you have any questions.

Typically, PPOs provide out-of-network coverage in a phased or stepwise manner. In most cases, within about 20 sessions, the reimbursement is such that your out-of-pocket cost is only slightly higher than would be your in-network copay.

It is a good idea to call your insurance company if you have any questions about your insurance plan. The number for your insurance company should be listed on your insurance card.