

SELF PAYING FOR SERVICES VS. USING MEDICAL INSURANCE

Out-of-Pocket Payment

You and I get to decide if therapy is desired and necessary.

You and I decide how many sessions are needed and how often you meet.

Diagnosis of a mental disorder is not required in order to see me. In many circumstances, (for example, relationship difficulties, family developmental transitions, major life decisions, family crisis, etc.) a diagnosis of a mental disorder is not appropriate or necessary.

Greater confidentiality. The information you share with me stays between you and me, and is yours to control. Unless you choose to share information and give written permission to do so, no one ever has to know about your therapy.

Therapy services are tailored to meet your unique needs, which allows for flexibility and creativity.

You (along with your therapist) are the only ones who make decisions in regards to the services you receive. Your goals and needs are the only priority.

Using Your Health Insurance

Insurance company decides if therapy services are “medically necessary”.

Insurance company decides how many sessions they will pay for, what types of sessions and caps the number of sessions.

Insurance companies require a diagnosis of a mental disorder before they will pay for services (In other words, they won't pay unless you're diagnosed)The Diagnostic and Statistical Manual of Mental Disorders (referred to as the DSM), published by the American Psychiatric Association, lists and provides criteria for diagnosis.

Decreased confidentiality once information is shared with the insurance company. Information becomes part of your permanent insurance/medical record and can and is likely to be shared with any future insurance. Insurance companies & their contractors have access to all your therapy/counseling records, including session notes, any time they want.*

Insurance companies may require that services follow standardized models.

You are only one out of millions of people for whom the insurance company makes healthcare decisions. The top priority is managing health care costs and delivery (which is why it is called “managed” care).

***Most importantly**, since you will have a diagnosis for your treatment with me, you will have a “pre-existing” condition. This will effect your insurability and the cost of your insurance.