

## Helpful Information about Billing Procedures for Couples & Families

Before you begin clinical services, it is important for you to understand the aspects of the billing process that are unique to couples & families. If you are coming in for help with your marriage or another family relationship, please be aware that our ability to bill your insurance company likely cannot be determined until after we have met with you. We cannot guarantee at the time you schedule your appointment that your session will be “billable” to your insurance company, and we cannot manipulate a diagnosis for the purpose of third party payment. *You must read through this information carefully and help us to decide the best fit for your situation.*

### Step 1. Decide which of these situations is the best match to your own.

- A. ***No one has a clinical diagnosis, nor do we expect any of us will have a clinical diagnosis.*** If you and your partner or family member are at odds and in need of help with communication, boundaries, and general parenting and partnering issues, it is very likely that your insurance company will not pay for services. We certainly can submit to insurance, but the “diagnosis” would likely be a “V-code”, which indicates that you are having problems with your personal relationships. Many couples and families in this circumstance skip the billing process altogether, and instead opt to be “Self Pay Clients.” Use our “Insurance Declaration Form” to communicate with your insurance company and find out if your plan covers “V61.10,” “V61.20,” or other V codes.
- B. ***One person has a clinical diagnosis.*** This might be the case if there is a pre-existing condition, either previously diagnosed or expected to be diagnosed. If this diagnosis is interfering with your relationship, and seeing a therapist together will help the identified patient to ease the symptoms of the condition, then we can see both people, but the file will belong to the identified “patient” and all the notes will pertain to the wellness and healing of that identified person. We cannot determine the legitimacy of a clinical diagnosis until after we have met. Common issues that have a detrimental impact on relationships might include anxiety, depression, substance abuse or dependency, or compulsive disorders.
- C. ***Both family members have a clinical diagnosis.*** If each person has a pre-existing or suspected mental/behavioral diagnosis, then each is considered separately to be a “patient.” If this is the case, then each person must have an individual intake appointment in order to properly identify and diagnose the condition and discuss treatment options that may or may not involve family members. If the diagnosed conditions and treatment goals warrant family sessions, then each person will be billed and separate clinical notes will be taken for the participating family members who were involved and were the subject of clinical attention. Family members will only have legal access to his or her own file, and not to the files of other family members.

## **Step Two. Decide to be Self Pay Clients or Insurance Clients**

One of the required intake forms that must be on file before services can begin is called the “Insurance Declaration Form.” It explains in detail your legal right to decline insurance billing and opt instead to be “self pay clients.” Here is some additional information about billing and fees when your intention is to be seen together (as a couple or family), depending on which of the above categories fits your situation.

- A. ***No one has a clinical diagnosis, nor do we expect either of us will have a clinical diagnosis.*** Please check with your insurance company to verify what they will pay. It is our experience that most insurance plans will not pay for services if there is no mental health diagnosis in place. The out-of-pocket charge for a couple’s session is \$200. We have therapists who will slide this fee in the case of economic hardship. To be considered for a sliding scale, please see the Fee Reduction Application, found elsewhere on the website.
- B. ***One person has a clinical diagnosis.*** Sessions will last 30-45 minutes. The focus of clinical attention will be the treatment and progress of the identified patient. The charge for the session will be \$110 when the patient is seen with family present. If the patient is seen alone, standard contract rates apply. We cannot guarantee a diagnosis will be “billable” to your insurance company and we cannot manipulate a diagnosis for the purpose of billing a third party.
- C. ***Both family members have a clinical diagnosis.*** The session will last 60-90 minutes, typically dividing that time so that each person’s diagnosed condition is the subject of treatment for 30-45 minutes. Sessions can only be billed to a third party if the diagnosed condition and treatment goals warranted the presence of the family member. Each person will be billed and separate clinical notes will be taken for the participating family members who were involved and were the subject of clinical attention, and each family member will be responsible for his or her own copay and deductible amounts. We cannot guarantee a diagnosis will be “billable” to your insurance company and we cannot manipulate a diagnosis for the purpose of billing a third party.

## **Step 3. Complete the Insurance Declaration Worksheet**

Our therapists can answer your questions, but ultimately it is up to you and your family to decide if you want to bill your insurance company and take responsibility for whatever your insurance company will not cover. Payment is required at the time of service for self pay clients. Credit card information is required for clients billing through insurance companies, and credit cards on file will be charged balances due. Please see the Insurance Declaration Form for more information.