

INSURANCE WAIVER

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Light Street Psychotherapy does not contract with any insurance companies. Services are provided on a private pay basis, and therefore, we are considered “out of network.” Most health insurance plans provide some form of coverage for outpatient psychotherapy. In-network benefits cover psychotherapy with professionals who sign contracts with the insurance company to provide services at a set rate. The insurance company oversees the treatment, authorizing the number of sessions allowed for a particular condition. The total number of sessions covered is usually limited to 20 or 30 sessions.

Out-of-network benefits cover psychotherapy with the professional you choose. Most plans require the patient to pay a deductible, and then reimburse a certain percentage of the fee after that, typically 75 or 80%. Some plans limit the number of sessions or the dollar amount that are reimbursable each year. The psychotherapy is not managed, and authorization is usually not required.

Although you are free to submit claims to your insurance company yourself, please be aware that Meredith Strauss, LCSW does not become involved in this process. As a courtesy, Ms. Strauss will provide you with the necessary billing and diagnosis codes in order for you to receive the benefits you are entitled. It is very important that you find out exactly what mental health services your insurance policy covers. Even if you submit the claims yourself, you may not be reimbursed for services. In addition, once an appointment has been scheduled, you will be expected to pay for the time allotted unless you provide **24 hours advance** notice of cancellation.

Call your insurance company and tell them you would like to go out of network for behavioral health. Some questions to consider:

- 1) What is your current yearly deductible?
- 2) How much of this deductible has currently been met?
- 3) What is the reimbursement rate for an out of network provider (once your deductible has been met)?
- 4) How do I to submit reimbursement?
- 5) Are there are any limitations of amount of sessions or amount paid out?

- 6) What are my mental health benefits?
- 7) What is the coverage amount per therapy session?
- 8) How many therapy sessions does my plan cover?
- 9) Is pre-approval required from my primary care physician?

Although obtaining psychotherapy on an out-of-network basis may seem more expensive, there are many benefits. Insurance companies require regular treatment plans to be submitted by their network providers in order to continue to authorize sessions. There can be a lack of clarity and/or after-the-fact decisions about what they will cover, resulting in surprise balances billed to patients. Finally, insurance companies can and do audit in-network psychotherapists' records, further compromising confidentiality.

Obtaining psychotherapy on an out-of-network basis avoids all of these issues that compromise confidentiality and autonomy of treatment. All treatment decisions are made solely between patient and therapist, including the type of therapy used, its length, and who should or should not be consulted.

Please sign below to indicate that you understand and accept payment reimbursement policies.

I have read about the Insurance Waiver. By signing below, I am indicating that I understand and accept the reimbursement policies as discussed with Meredith Strauss, LCSW. For more information please visit the insurance page on my website at: www.lightstreetpsychotherapy.com

Insurance waiver read and accepted Date