

Mira Shah Art Therapy & Counseling

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Out-of-Pocket Billing Agreement

I may be able to help you get reimbursed for a portion of your counseling costs. If you would like to investigate the possibility of reimbursement for out-of-network coverage, please check your policy carefully and call to ask the following questions for your provider:

- Do I have mental health benefits?
- Do you pay for out-of-network providers?
- If so, how much does my plan cover for an out-of-network mental health provider? What percentage of the fee is covered per therapy session?
- Does my plan cover family counseling?
- What is my deductible and has it been met?
- How many mental health sessions per calendar year does my insurance plan cover? Do you give me these upfront, or do you require me to incrementally ask for more until I reach the maximum amount per year?
- When does my insurance coverage for a year begin/end? When do my benefits renew?
- Is approval required from my primary care physician before I see a therapist?
- What is your turn-around time for sending me a reimbursement?

The way this works is that you pay me my full, advertised fee for counseling up-front. I then submit a claim to your insurance company for you, and they will process the claim according to what you discover from asking the above questions. If there is a reimbursement, it will be mailed directly to you, not to me.

The benefit of using your insurance is to reduce out-of-pocket expenses, or to reduce your deductible. The reason you may not want to involve your insurance company is that each claim requires a mental health diagnosis to be made, which then becomes a part of your permanent health record. Additionally, since a mental health diagnosis must be made to obtain reimbursement, the insurance company has to know a lot of information about you to be covered. The insurance company can review all of your records at their discretion. Please sign below to indicate that you understand that I will be submitting a mental health diagnosis on your behalf and that your insurance company will have access to your record.

As a client, it is my responsibility to determine if, and to what degree, my insurance company will pay for claims for mental health counseling. I agree to pay for counseling at the time of service, and understand Mira Shah Art Therapy & Counseling is not liable if my insurance fails to reimburse me or later requests repayment.

Printed Name

Signature

Date

Please fill out the following information for your insurance claim:

- 1. Last name, first name, middle initial:**

- 2. Date of birth (month/day/year)**

- 3. Last name, first name, middle initial of insured (if different than above):**

- 4. Your relationship to the insured:**

- 5. Mailing address of insured (this is where your reimbursement, if applicable, will go):**

- 6. Phone number:**

- 7. Insurance ID number:**

- 8. Name of Insurance company and insurance plan name:**

- 9. Policy/Group/FECA Number:**