

# Vanessa E. Ford LCSW, CADC

Illinois license number 149-009994

## INSURANCE INFORMATION SHEET

My services are \$100-125 per 50-minute hour (unless we have made another arrangement). I am also an in-network PPO provider for Blue Cross / Blue Shield, Aetna Behavioral Health, Cigna Health Care, and PHCS (Private Healthcare Systems). I bill these companies directly, and this contracted amount may be different than my standard rate. I am also happy to bill insurance companies that I am not contracted with directly, to assist you in obtaining out-of-network benefits or reimbursement. Examples of these out-of-network providers include Magellan and United Behavioral Health. I may also add or change the plans that I am contracted with from time-to-time, so feel free to ask about your specific plan.

For access to out-of-network benefits, some insurance providers require their members to call ahead to obtain authorization. Please be advised that this call is your responsibility. For insurance types that I am not contracted with, I may choose to provide you with a detailed statement on a monthly basis rather than billing them directly. This statement can be used to submit to your health insurance company for full or partial reimbursement for your out-of-pocket expense, and I can also provide this statement for use with HSA (Health Savings Plan) accounts. I can also bill HSA accounts directly if it is structured as a credit card or checkbook. Feel free to ask me if you need this service. Please also note: If you provide less than 24 hours notice of cancellation for a scheduled session, you will be charged for that session. Insurance companies will not typically reimburse for this cost. You are likewise responsible for any denied insurance claims and for informing me of changes to your insurance.

If you have a form of insurance that I am contracted (“in-network”) with, I will verify the specifics of your eligibility and benefits myself prior to our first appointment, saving you the trouble of making the call. This verification will provide me with info such as deductible amount, session limits, and whether or not therapy is a covered service. You may choose to call yourself also, if you would feel more comfortable learning about your benefits before we get started. Deductibles, co-pays and co-insurance amounts are due at the time of session.

Finding out what your mental health benefits are can be daunting, especially if you have never done it before. Mental health benefits are not necessarily the same as your medical benefits. Ask questions. Don’t be surprised. You may also wish to access page two of this form to help you organize your conversation. Here are some important questions to ask your insurance company:

- Can you explain my mental health benefits for individual (or family) psychotherapy on an outpatient basis, provided in an office setting?
- Do I need to pre-authorize services before I make an appointment?
- What is my deductible? How much have I met it this year already? Do I have to meet this deductible each and every year?
- Does my benefit year match the calendar year, with new benefits starting each January, or does my plan use a different system?
- Am I limited in the number of visits I can have in any benefit year? What is that number?
- Do I have a co-pay or co-insurance amount I am responsible for? How much is that?
- Do you cover in-network as well as out-of-network therapists?
- Is Vanessa E. Ford LCSW, CADC covered by my plan? How? Is she considered in-network or out-of-network?
- At what rate will you reimburse for out-of-network benefits? How do I go about submitting my receipts for paid sessions for reimbursement?
- Is there anything else I would need to know before I make my first appointment?

Ultimately, your health care costs are your responsibility. Be an informed consumer. And please remember: If there is any other way I can assist you in navigating this process, please don’t hesitate to ask. I will attempt to help in any way I can.

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## INSURANCE FORM

This form may assist you in collecting the information needed from your insurance company prior to your first appointment. The questions below are standard questions used to determine mental health benefits. Call the member services numbers on the back of your insurance card. For in-network benefits, I will verify your insurance myself, but want to make sure you understand your benefits as well. You may also wish to document the day and time of your call, as well as the name and the extension of who you spoke to. This may make it easier in case you need to call back to clarify something.

### INSURANCE INFORMATION

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| <b>Type of insurance:</b><br><i>Examples: BC/BS of IL PPO, Aetna HMO</i>   |  |
| <b>Name under which the insurance is listed:</b><br><i>Usually you or spouse/partner/parent</i>  |  |
| <b>Date of birth associated with the account</b>   |  |
| <b>Member ID #</b><br><i>Listed on the front of your card</i>  |  |
| <b>Group ID #</b><br><i>Listed on the front of your card</i>   |  |
| <b>Deductible or out-of-pocket expenses</b>  |  |
| <b>How much of your deductible has been met for this year?</b><br><i>You may also wish to clarify if your plan operates under the calendar year. Some plans operate from Jan 1 forward, others may start on a different date.</i>  |  |
| <b>Co-pay or co-insurance and amount</b><br><i>Please specify which: Co-pay is a fixed amount that you pay per visit (e.g. \$20), co-insurance refers to a percentage of your insurance company's allowable amount for an "outpatient behavioral health office visit."</i> |  |
| <b>Max visits per year which your insurance covers</b><br><i>You may want to clarify mental health versus chemical dependency session limits</i>   |  |
| <b>Member Services numbers</b><br><i>These numbers are usually found on the back of your card, or there may be others not listed that you would need to call to check your benefits.</i>   |  |
| <b>Is Vanessa E. Ford LCSW considered in-network or out-of-network?</b><br><i>You may wish to clarify the difference in reimbursement amounts, if any</i>  |  |
| <b>Any pre-existing condition clause or waiting period?</b>  |  |
| <b>How do I go about submitting paid receipts for reimbursement?</b>   |  |

Please remember: You have a right to good health care, including mental health, but the costs associated with that are your responsibility. Be an informed consumer. Costs associated with therapy not covered by your plan will be billed to you. If I accept your insurance plan and agree to bill those services directly, please be advised that co-pay / co-insurance amounts and deductibles are due at the time of service. Typically couples counseling is not covered by insurance unless you are married, although there are some exceptions to this. If there is any other way I can assist you in navigating this process, please don't hesitate to ask. I will attempt to help in any way I can.