



Fees and Insurance

Clients pay me directly. I accept credit cards (Visa and MasterCard), check, and cash.

I am happy to discuss my fee structure with you.

Insurance

I am an “out-of-network” provider. I will work directly and confidentially with you to define your goals and to assess your progress. I do not participate in any insurance networks because I feel strongly that third-parties should not dictate the nature and duration of your therapy.

Because I value confidentiality and believe that your therapy should be guided by you and not your insurance company, I am not, “In Network” with any managed care plans. To find out what your insurance plan will reimburse you for, call them and ask the following questions:

- Do I have mental health benefits?
- Does my plan have out of network benefits?
- What does the company allow (“reasonable and customary”) for the following codes: 90791, and 90837?
- How much does my plan cover for an out of network mental health provider?
- Is approval required from my primary care physician?
- Are there standardized forms I will need to submit for reimbursement? Where do I find them?
- What is my annual deductible and has it been met for this year?
- When does my calendar year start?
- How many sessions per calendar year does my plan cover?

If your health insurance company offers out-of-network benefits, you should receive some reimbursement for the cost of my services. Most of my clients who receive reimbursement find that their insurance covers 50%-75% of their session costs. In some instances, clients’ total cost per session is close to what they would be paying for a co-payment to an in-network provider.

I know that understanding insurance coverage and the reimbursement process can be challenging. I am happy to help guide you through this process.

Financial Assistance

I appreciate that therapy can represent a significant financial investment for some individuals and couples. I am committed to offering a number of sliding scale appointment slots.