

Helpful Hints about Insurance

Although BHC does not deal directly with insurance providers, we are happy to provide you with some helpful hints regarding insurance.

BHC is a direct payment practice: this means that you pay us for each visit at the time of service, and we provide you with an itemized bill you may choose to submit to your insurance provider. This type of bill is what most insurance providers request in order to respond to your claim.

We do not communicate directly with your insurance provider; hence, we do not accept managed care contracts that require us to handle your mental health care through ongoing contact with your insurance company.

We strongly recommend that you clarify **ahead of time** what type of coverage you have for mental health services (Psychiatry, Medication Management, Psychotherapy, Psychological Testing, Educational Testing) to use the services of BHC. Coverage can change, you will want to know this ahead of time.

1. Out of Network benefits: BHC is generally considered an Out of Network provider. Ask about the deductible, percentage of coverage for each visit, maximum number of visits covered yearly and lifetime for OON providers. Does your insurance year start in January: not all do.
2. InNetwork benefits: BHC is not in network with any insurance provider.
3. Is PreAuthorization or PreCertification required in order to start services? If so, who calls to request it? If Preauthorization/Precertification is required, and you do not comply, you are doing so at the risk of losing all reimbursement for treatment.
4. R&C: This is the “reasonable and customary” price of each service. Insurance providers determine the price for each treatment service according to their own system. Different insurance providers pay different R&Cs. Keep in mind that the R&C amount your provider has set may not necessarily match the BHC fee schedule. If you do receive reimbursement from your insurance provider, realize that you will be receiving benefits based on the particular percentage of their R&C your provider sets, not ours.
5. Ask for the specific address to send your claims. Is a special form needed to complete claims? How long will you be waiting for reimbursement? We suggest keeping a separate binder for all of your insurance provider documents.

We hope this is helpful.

The Bartky HealthCare Center