

3500 SW Alaska St
Seattle, WA 98126
206-486-6167
leslitherapy@gmail.com
www.seattle-therapy.com



Insurance is complicated, even for those of us who work with it on a regular basis! As part of starting therapy, it is your responsibility to know your insurance benefits as you will be responsible for any portion of the appointment fee that is not covered.

Currently my fee for services with insurance is \$130 for an individual session and \$150 for a couples/family session. You are responsible for deductible, copays, or coinsurance at the time of service. I request that you review your benefits for services (typically listed as outpatient mental health) prior to our first appointment so that you are familiar with your benefits and we don't have to back and forth about account balances. In my experience, it takes 2-5 weeks to receive confirmation from insurance companies about the specific cost according to your plan. You are responsible for all charges accrued during the duration of your treatment.

Sorting out what you owe per session can be challenging but is doable. Please contact your insurance company directly to verify specifics for outpatient mental health services in an office setting - sometimes you can gather some of this information by logging in to an account online, but that likely won't answer all of the questions. The phone number for your behavioral health plan should be listed on the back of your insurance card; if there is not a specific phone number for mental health or behavioral health, contact the general customer service number and follow the prompts for your medical coverage to reach a representative.

Asking the following specific questions to a live representative can help:

Coverage Basics:

Do I have coverage for outpatient mental health services? YES // NO

Do you cover services for CPT code 90837 (individual therapy) YES // NO
or 90847 (family therapy)? YES // NO

Is there a pre-authorization required for routine services/the codes above? YES // NO

Deductible:

Is there a deductible for my health insurance? If yes, how much is that?

Is that deductible shared with in-network AND out-of-network providers? YES // NO

Is there a separate deductible for Individual benefits & the amount? _____

Family benefits & the amount? _____

Are my benefits for mental health services using the individual or family deductible?

As of today's date _____, how much of the deductible has been met? _____

Is my plan based on the calendar year? YES // NO If no, the year starts on _____

Copay and Coinsurance Details:

Do I have a copay for outpatient mental health services? YES // NO
If yes, what is the copay per session _____

Do I have a coinsurance for outpatient mental health services? YES // NO
If yes, what percentage of the "allowable amount" am I responsible for? _____%

Do I have to meet my deductible in order to access coinsurance rate? YES // NO

Is my provider a preferred provider/in-network for my plan? YES // NO
Provider Specific: Lesli Desai, LICSW 3500 SW Alaska St. Seattle WA 98126
(please use both the name and office address to confirm network status)

If my provider is not a preferred provider with my plan, do I have out of network benefits for outpatient mental health services? YES // NO

If yes, how does the coverage differ for out of network benefits for outpatient mental health services?

Where should my provider send claims for my plan? ("Payor ID" and Claims Address)