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PUTTING FIRST RESPONDERS AND THEIR FAMILIES FIRST

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## **Insurance Coverage: Some Helpful Hints**

If you plan to have our health insurer pay for services you receive from me, please read the following information carefully, and follow any listed instructions.

### **Insurance Reimbursement and Coverage**

I will collect your insurance information for billing purposes at your first appointment. However, I cannot verify insurance coverage or eligibility. While your insurance company may tell you that you are eligible, that doesn't always mean they will pay me for services. It is ultimately your responsibility to have your insurance company pay for your therapy services.

### **Carve-Outs**

Some health insurers “carve-out” (subcontract) mental health insurance to a separate insurance company that handles only mental health visits. These carve-out contracts may be negotiated independently from contracts for medical care.

### **Coverage vs. Contract**

If you call your health insurer and ask about “coverage,” you will likely be told the number and type of visits you get per year under your plan. However, this is not verification that the insurer will pay for services you receive from me. Ask your mental health insurer if it has a “contract” with me, or if I am an in-network provider.

### **Determining if You Can Be Reimbursed**

You must call your mental health insurer to find out if I am an in-network provider. On your insurance card, you will find one or two telephone numbers (often on the back). If there is a number listed for “mental health/substance abuse” (or “behavioral health”), call this number. If no specific number is listed, call the main telephone number and ask for the number to discuss your mental health benefits and locate a “contracted” or “in-network” therapist or psychologist. Ask if you need a pre-authorization number. If so, please bring it to your first appointment.

### **If You Cannot Be Reimbursed**

If your mental health insurer does not contract with me and you do not want to pay out of pocket, you may ask your mental health carrier to give you a list of contracted providers in your area. Usually, they will ask you for your address or zip code to look up potential contracted providers. If they have given you names of providers and none of them are accepting new patients, you may want to call the insurance carrier back for other provider names or to explore if they will let you go out of network.

### **Employee Assistance Program**

Some EAPs allow 5 visits without a co-pay, and then do not pay for any future visits. Find out today if there is a limit to visits, or if payment will be taken over by another company after a certain number of visits. This will help us set short and long term therapy goals. If your coverage ends after a certain number of visits and I am not a covered provider after those visits, you may pay me at the time of future sessions and I will give you a receipt. You can submit this for possible reimbursement from your insurance carrier, but check with them first to avoid problems.