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Cottleville, MO 63304

**Kaleo Counseling Services**  
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St. Louis, Mo 63119

**Insurance Informed Consent**

**INSURANCE**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, our billing service and your therapist will assist you to the extent possible in filing claims and ascertaining information about your coverage. However, you are responsible for knowing your coverage and for letting your therapist know if/when your coverage changes. You are also responsible for any additional charges if you fail to inform your therapist about changes in your coverage.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow your therapist to provide services to you once your benefits end. If this is the case, you can elect to pay for counseling services out of pocket or your therapist will do his/her best to find another provider who will help you continue your therapy.

You should also be aware that most insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V/ICD-10. Sometimes your therapist may have to provide additional clinical information such as treatment plans or summaries. This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, Kaleo Counseling Services, LLC has no control over what insurance companies do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your therapist can provide you with a copy of any report submitted to your insurance company if you request it. By signing this agreement, you authorize the release of any medical or other information necessary to process a claim, as well as authorize payment of medical benefits to the undersigned supplier for services provided.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the session by check, cash, or credit card (with a 2% additional fee). In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. Until the deductible is met, you are responsible for paying the full fee of the therapist, to be paid in full, at the time of service. This will typically mean that you will be responsible to pay for initial sessions until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. It is important to remember that you always have the right to pay for services yourself to avoid the challenges described above.

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Signature of client(s) or Representative

\_\_\_\_\_  
Signature of client(s) or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name(s) of Client(s) or Representative