

Comprehensive Counseling Connections, PLLC

SERVICES “NOT COVERED” BY INSURANCE

Insurers typically pay only for services which are delivered face to face with clients in the office, and our contracts with these insurance companies request we notify clients in advance of any “noncovered” services. In addition to the information provided to you on the information and policy form, this list below is intended to provide further detail about the types of services which your insurance plan will typically not cover or pay for.

TYPICAL SERVICES NOT COVERED

- Care that was denied by an insurance company.
- Educational testing
- School Consultation and Team conferences (e.g., school IEP meetings) \$70 per hour.
- Court ordered evaluations, subpoenas, court testimony, and preparation of testimony for court, or letters to lawyers, judges, probation officers, etc. \$100 per hour.
- Telephone consultation (whether with the patient, family members or other providers) \$100 per hour.
- Email correspondence. \$25 per 15 minutes.
- The writing of letters at client’s request to various persons or agencies. \$70 per hour.
- Case management (e.g., calling treatment facilities or schools to obtain information or arrange referral, contacts with social service agencies (DCYF), etc.) \$70 per hour.
- Review or preparation of reports of assessment or treatment. \$70 per hour.
- Photocopying and releasing medical records for any purpose other than medically necessary treatment for other medical or mental health providers. 10 cents per page.

OUR POLICY

In the course of treatment, almost every client needs some services that fall in these categories. In general, if it requires less than five minutes of time, the services are not usually billed to you as a courtesy. However, if they are frequent, or if they exceed five minutes, you will receive an invoice due upon receipt. If you are concerned that you may be billed for such a service, please ask at the time that you request the service. Also, please ask your provider if you have more general questions about this policy.

ACKNOWLEDGEMENT

I have read and understand that my insurance does not pay for the types of services outlined about:

Name: _____

Date: _____

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