

ADELE NATTER, LCSW-C, LICSW
(301) 509-4848
FINANCIAL POLICY

Thank you for selecting my practice. I am committed to providing you with the best possible care.

Fees: My fees are in keeping with the rates charged locally for someone of my training and experience, and fall within the “usual and customary” range of many insurance companies.

Form of Payment: I accept cash, checks, Venmo, HSA, or major credit cards.

Medical Insurance: Your insurance is a contract between you and the insurance company; I am not a party to that contract. It is your choice whether or not to use your health insurance for payment of my services, and it is your responsibility to familiarize yourself with the details of your coverage. *In the event of changes in your insurance, you must notify me promptly of the change.*

In-Network Patients: If I am a Provider with your insurance company, I will, through my billing service, file claims for you. We cannot guarantee payment of your claims that we file. All patients are expected to pay their co-pay, coinsurance, deductibles, and any balance owed at the time of the visit.

Out-Of-Network Patients: Payment is expected at the time of service. You may be able to get reimbursement through your insurance plan even if I do not participate on your insurance company's panel. I will provide you with a statement at the end of each month containing all the information your insurance company requires to process your claim.

My Thoughts on Using Insurance:

I have mixed feelings about health insurance which I would like to share . On the one hand, mental health benefits have made better mental health and functioning accessible and affordable to many people who did not have it previously. On the other hand, when deciding whether or not to use your insurance benefits to cover your psychotherapy, you might take into consideration the following:

- In order to be reimbursed for services rendered, you must have a diagnosed mental health condition proving “medical necessity.”
- All insurance companies require information such as your diagnosis and the dates and length of your therapy sessions. Some insurers require brief notes about the concerns you are addressing in therapy and what progress you are making. Other insurers also want to know about your history of symptoms, your family life, work life, and so on.
- There is no such thing, really, as confidentiality! Your information is seen by employees at your insurance company. Your data is now being stored in increasingly large information systems. Although mechanisms to protect your personal information are put in place, breaches to security do occur. In addition, release of your personal information is legal under certain

situations. For example, your insurance company is allowed to release some of your data, without identifying information, without your knowing when or to whom it is being released, or for what purpose.

— Who makes decisions about your treatment? I believe the authority to make decisions about your therapy should rest with you, not your insurance company. However, many insurance companies require periodic reports about your therapy in order to decide whether or not to authorize continuing treatment, or to determine what type of therapy they will approve. These decisions are made by employees at the insurance company who have never met you, nor been involved in your therapy. While some of these employees are experienced clinicians, many have limited training.

Insurance Problems: If you believe your insurance company has erred or not adequately addressed your claims, you may contact the insurance company and/or file a grievance or appeal with your State:

Maryland: Contact the Maryland Insurance Administration at 410-468-2244, and/or The Health Advocacy Unit of the Maryland Attorney General at 410-528-1840;

Virginia: Contact the State Corporation Commission, Virginia Bureau of Insurance at 1-877-310-6560;

District of Columbia: Contact the Department of Insurance, Securities and Banking (DISB) at 202-727-8000.

In the event that you do not satisfy your financial responsibilities, the practice may use a collection agency, and may provide protected health information to that agency. You will be responsible for collection fees and any additional costs related to satisfying the debt.

— If I must write such a report to your insurance company, I will try to give the minimum of information. In Washington, DC, the DC Mental Health Act of 1978 severely restricts the information that can be asked, and given, to an insurer. However, many out-of-state insurance companies, as well as therapists, don't know about this law when insurance companies request information about treatment.