

## Frequently Asked Questions

**How much does counseling cost?** We charge \$255 for the first visit. For subsequent visits we charge \$165 for individual counseling and \$195 for couples or family counseling. Fortunately, if you have health insurance, you can expect to pay anywhere from \$0 to about \$40 per visit after satisfying any deductible.

**What is a deductible?** In an attempt to manage costs, insurance companies often offer lower premiums if the client agrees to pay a deductible: A fixed amount usually between \$250 and \$7,500 out of pocket before any benefits are paid. The higher the deductible the lower the premium. Most insurance waives the deductible if you use a preferred provider. Smockville Counseling Center psychologists participate in many preferred provider programs. Ask if we participate with YOUR insurance company.

**How long does therapy take?** A therapy session lasts 45 minutes. Sessions are usually scheduled weekly or bi-weekly. How many sessions you will choose is impossible to predict. What we can tell you is this: About one-half of our clients spend between three and twelve months in therapy. The rest are about equally divided between shorter (less than three months) and longer (more than twelve months) durations.

**How does therapy work?** Fundamentally, we believe *you* are the expert of *you*. Therefore, you will initially set the agenda. Our therapists will help you navigate and observe and clarify. We may be able to help you see things from a new perspective and explore options you may not have considered. There is no Magic Bullet and as with most things what you invest determines your return. The best way to evaluate a potential therapeutic relationship is to make an appointment and see how it feels. If you are not satisfied we will only bill your insurance and forgive your co-pay.

**That seems a lot like what my friends or family already do for me. What makes therapy different?** Therapy is grounded in research and science. Your therapist can help you consider things beyond the spectrum of your friends and family. Your therapist has only one agenda: serving your best interest. Can you say that about your friends and family?

**This has been helpful but I still have questions. Can we talk without me having to commit to a "therapeutic relationship?"** Absolutely. Call and make an appointment; you are never under any obligation.

**Counselor, therapist, psychologist or psychiatrist?** The difference is education and licensing. A psychiatrist is a medical doctor (MD) specializing in psychiatry. Typically, psychiatrists do not practice counseling or therapy although they are certainly qualified. They prescribe medication and perform research and consult on neurological cases. Psychologists are also doctors with the (possible) exception of School Psychologists. Counselors and therapists are typically educated at the master's level although there are also (possible) exceptions.

Which provider is best suited to meet your needs is up to you. While education and licensing are important there are other criteria which will influence your decision such as the provider's life experiences, you comfortable you feel with the provider and how deeply rooted your issues may be.

**What is a PMHNP?** Psychiatric Mental Health Nurse Practitioner is educated and trained to prescribe medication used in treating and managing mental health issues in patients. The Oregon Psychological Association has been lobbying the state legislature to allow psychologist to receive the specialized pharmaceutical training necessary to become prescribers.

**Why aren't all providers on all insurance panels?** First, not being on any particular insurance panel is seldom a reflection of the provider's competency. Generally speaking insurance companies who allow anyone on their panel of do not require provider participation at all pay the lowest benefit. For example Medicare pays about fifty-cents on the dollar to health care provides and will accept claims for service from any licensed provider. Conversely, Regence Blue Cross typically pays at least eighty cents on the dollar is more selective in which providers they allow on their panels. *TIP: If you want to see a provider who is NOT on your insurance panel call and speak to a customer service representative for the insurance company. If you can make a good case for WHY it is important to see that particular provider the insurance company may enter into a single case contract with the provider. You have to be persistent and keep bumping it up ("May I please speak with your supervisor?") until you reach the top.*

**Contrary to what they want you to believe health insurance is a BUSINESS.** It is naïve to think health insurance is the only business in the world which is looking out for their customers at the expense of their stockholders. They are in the business because it makes a profit; it provides a good financial return for their investors. Coincidentally, keeping you, their customer, happy is a generalized proposition seldom specific to any individual customer. If you have any doubts about this, simply go to your insurance company (usually a parent company) web site and look around as though you were a stockholder or potential investor. Also check out the percentage of revenue spent on legislative lobbying.

**Health insurance is being used like a pre-paid health system.** When was the last time you submitted a claim on your home owner's insurance policy? How

often a year do you file a home owner's insurance claim? If you treated your car insurance the way you treat your health insurance you would submit a claim for routine maintenance and oil changes and tire replacement. Just think about it.

**Why does the cost of my health insurance keep going up?** Great question and probably the most frequently asked. It might surprise you to know that as your rates go up your health care provider's reimbursement goes down. That's right, you pay more in premiums and your health care providers are paid less. Our reimbursement from Aetna and Blue Cross will be DECREASED about 25% in September 2009.

**What is reimbursement?** Health care providers often enter into contracts with health insurance companies. For partnering with the health insurance companies we receive the "preferred provider" designation. We are listed on the insurance company's web site and in their directory of providers. You may have found us by one of these methods. That is the good news.

**What is the bad news?** The bad news is this: What insurance companies pay is almost always less than health care providers charge. OK, that is bad for us but maybe good for the insurance company. Most insurance companies require their insured (you, our clients) to pay higher deductibles and higher co-pays to out of network (non-contracted) providers. You can see an "in network" provider for a \$20 co-pay or an "out of network" provider for a \$40 co-pay. If you want value for your dollar all we can suggest is to purchase stock in your health insurance company because you won't find value in the benefits they pay to the people taking care of you.

**How low can you go?** Some providers have refused to enter contracts with insurance companies. They charge a fee for service, part of which is paid by the insurance company and the balance of which is paid by the client.