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Welcome to Vorpahl Psychology Associates, LLC (VPA). The mental/behavioral health services you receive at our practice are going to be considered "out of network" by your insurance company. It has been our experience that there is quite a bit of confusion amongst many of our clients with regards to what this means with respect to the family budget. Therefore, we have created this overview. We hope it helps you in making an informed decision.

Out of Network Coverage

"Out of Network" coverage – Good News / Bad News
Good News: Most PPO (Preferred Provider Organization) plans allow you (the member) to seek health care with any provider whether or not they are a contracted provider.
Bad News: Your out of pocket expenses may be ***significantly*** *higher if you seek care from an out of network provider.*

What is the Difference Between an "in Network" and an "out of Network" Provider?

Healthcare providers choose to participate as contracted providers for certain insurance companies. This means that the provider and the insurance company have a contract that determines how much a provider is paid for different services. It also stipulates that the provider must accept members from that insurance plan provided there are available appointment slots. Last but not least the agreement specifies the member's financial share in treatment. Generally speaking while the costs associated with treatment are lower for the person seeking treatment with an in network provider, the choice of providers maybe fewer (and you may have to travel farther). Almost all HMO plans require you to seek treatment with an in network provider.

In an out of network situation the healthcare provider and the insurance company do not have a legal agreement. Instead the insurance company provides the consumer (you) with basically a two tier system. You may seek treatment with an in network provider at a reduced cost or you may go outside of their network, albeit very often at a higher cost to you.

A Very Basic Example of how the Costs may be Different
Let's assume you have the following benefits for health coverage.
In network: $500 annual deductible and $20 per visit office co-pay
Out of network: $2000 annual deductible and 30% co-insurance

If you choose treatment with an in network provider you are liable for the first $500 of accepted charges (accepted charges is defined as how much the insurance company would have paid the provider, not necessarily what the provider billed the insurance). Once you have satisfied the $500 you would then only pay $20 per visit for the remainder of your plan year.

I you choose treatment from an out of network provider you are liable for the first $2000 of charges. Once this requirement has been satisfied you have to pay 30% of the charges. Please realize that this is a percentage of the charges (no a flat $20 co-pay). So, if the charge was $165 your share maybe as high as $49.50 per visit. Your share may also increase after a certain number of treatment visits.

Out of Network Reimbursement Frequency – What it means to You!

Another difference between in network and out of network care is that very often the insurance companies take longer to process out of network claims. This means that you may not receive an invoice from us for up to 4-6 weeks after treatment (we have to wait for the insurance paperwork before we can bill you). Once we get that paperwork your amount due could be very significant (it could be several hundred dollars or more depending upon how many visits were processed).

Therefore, we highly recommend that you pay us approx $100 per visit. We will then apply this "pre-payment" to any of the visits that have been processed. We have found that this approach alleviates the "sticker shock" of the first invoice.

Out of Network Care - Your Responsibility

When seeking out of network care it is imperative that you fully understand the financial ramification. We urge you to contact your insurance company or read your member handbook. There are a multitude of different plans and this handout is designed for general informational purposes only. Your individual situation may be different than described here.

Vorpahl Psychology Associates, LLC.

Thank you for your interest in Vorpahl Psychology Associates, LLC. As a service to you and in response to the ever increasing complexity associated with health insurance coverage we have developed this form.

Although we are not contracted as a provider with your medical insurance company you may still be able to utilize our services on an "out of network" provider basis. Please contact member services at your insurance company and ask about "out of network behavioral health coverage." *Once completed please bring this form to your first appointment*.

Please ask the following very important questions:

1. I (or my son / daughter / spouse) would like to see an out of network behavioral health provider. Am I covered?

   Yes ____ No ____

2. If yes, is there a calendar year deductible and if so what is the amount?

   No _____ Yes____ Amount: _____

3. After the deductible has been satisfied (if applicable) what percentage of the "usual and customary" fee does the insurance cover?

   80% ____ 50% ____ Other (please fill in) _____

4. How many visits am I allowed under this plan?

   Number of visits: _____

5. What happens once I reach the limit of visits allowed (please check one box)?

   Patient is 100% responsible for costs ☐

   If medically necessary provider can request more visits ☐

   Other ☐
   (please detail) _____

Your Medical Insurance Company: _____

Your Name: _____

Signature: _____ Date: _____