RADICAL HEALING

Patient Guide to Insurance Verification

We know that navigating insurance can be one of the worst parts of finding a new healthcare provider. We hope that this guide can make that process easier and less daunting for you. While RHC may assist you in verifying coverage as a courtesy, we cannot guarantee payment from your insurance company. Any charges denied by your insurance company will be billed directly to you regardless of the verification we have completed, as stated in our group policy practices. Please call your insurance company's customer service telephone number on the back of your insurance card prior to your first visit to verify your coverage. Before calling, be prepared to give your Member/Subscriber ID Number, date of birth, and/or Social Security number to verify your identity.

In-Network Coverage

Radical Healing Collaborative is an in-network provider with Blue Cross Blue Shield (all plans except Blue Value, Blue Home, and Blue Local). This coverage includes out-of-state BCBS plans. Be sure to verify that your mental health benefits specifically are offered through BCBS, as sometimes medical coverage is offered through one insurance company and mental health coverage is offered through another.

We have very limited in-network coverage with Aetna, United, and Cigna insurance companies. At the time of intake, our program manager will verify our ability to accommodate new patients with these plans.

Out-of-Network Coverage

We are an out-of-network provider with all other insurance companies. If you choose to work Radical Healing as an out-of-network provider, you will be responsible for the full fee at the time of service. For most insurance plans, we can file for out-of-network benefits for you. Unfortunately, this does not apply to Medicaid or Medicare.

Calling Your Insurance Company

When talking to an insurance representative, you can ask the following questions to help determine your coverage:

1. Is David Young Oh (National Provider Identifier number: 1750729489) currently an in-network provider for my plan? ***[This applies even if you are seeing another one of our therapists]*.**
    i. If not, what are my out-of-network benefits?
2. Does my plan cover outpatient psychotherapy? You can specifically ask about the following Current Procedural Terminology (CPT) code:
    - CPT: 90837 (Psychotherapy - individual, 60 min.)
3. Do I have a deductible for my plan?
    i. If so, how much is it and how much has been met so far?
4. Is there a copayment for each visit or do I have co-insurance?
    i. If I have co-insurance, what is the percentage of coverage?
5. How many sessions are covered per year?
6. What month does the policy year renew?
7. Due to the COVID-19 pandemic, do I currently have coverage for services provided via Telehealth?
8. Are there any restrictions and/or limitations to my coverage?

Write down the answers provided by the insurance agent and keep the reference number for your call. If you still feel unsure about your coverage after talking to your insurance company, feel free to reach out to us at admin@radicalhealing.us and we will be happy to assist.

Please note that if you have multiple forms of insurance coverage (e.g. you are a primary subscriber on one plan and are listed as a dependent on a spouse's insurance plan), we must bill the policy that you are the primary subscriber for. We cannot bill your secondary insurance even if requested.

Glossary of Commonly Used Insurance Terms*

Coinsurance: A percentage you'll pay for covered health services after you've met your annual deductible. Many plans offer 80/20 coinsurance, covering 80% of the cost of a service. That means you'll pay 20%. So if you visit the doctor and it costs $100, you'll pay $20.

Copayment: More commonly referred to as a copay, this is a set amount you'll pay for covered health services once you've met your deductible. Copays can vary depending on whether it's for a medication, a visit to the doctor, or a lab test. If your insurance plan states that your copay for visits to the doctor is $20, that's how much you'll pay for that care.

Current Procedural Terminology: a set of codes created by the American Medical Association (AMA®) to standardize how medical procedures are recorded in a medical chart as well as for billing/insurance purposes.

Deductible: The amount you'll pay out of pocket for covered health services before your insurance plan starts to pay. For example, if your deductible is $2,500, you'll pay $2,500 towards covered services before your insurance starts to pay. After that, you'll typically only pay a copay or coinsurance for covered care.

In-network: Referring to care or providers who are part of your insurance plan's contracted network.

National Provider Identifier (NPI): A unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services.

Network: The doctors, hospitals, and suppliers your health insurer has contracted with to deliver healthcare services.

Out-of-network: Referring to care or providers who are not part of your insurance plan's contracted network.

Out-of-pocket costs: The healthcare expenses that aren't paid for by your insurance and you are responsible for paying. Out-of-pocket costs include deductibles, coinsurance, and copays.

Out-of-pocket limit (or maximum): This is the maximum amount you'll pay out of pocket in a given year. For 2020, the federally-enforced limits are $8,200 for individuals and $16,400 for families. Every health plan has its own out-of-pocket maximums, which may not be as high as the federal limits.

PPO: Stands for "preferred provider organization" and is a type of health insurance plan. PPOs have a network of participating providers that you'll pay less to visit. You can visit facilities, doctors, and providers outside of the network for a slightly higher cost.

*Glossary provided by GoodRx.com