



## INSURANCE INFORMATION

Often insurance will cover a portion of your expenses at ALONGSIDE. We offer this information to you to help you take advantage of your insurance coverage. Every insurance company is different in terms of what it covers. Most insurance companies offer several different plans. Some plans cost more and offer greater coverage. Some plans cost much less and offer fairly minimal coverage. So what your insurance covers depends upon your insurance company and your particular plan.

If the majority of ALONGSIDE's program participants came from West Michigan, where we are located, we would enter into a relationship with the primary insurance companies who operate here, and we would file insurance claims for our program participants. But people come to us from all over the world and utilize scores of different companies and plans. We do not have the personnel to deal with all these different companies.

However, when you leave ALONGSIDE, we provide you with an insurance-friendly invoice (universal to all insurance companies). You can use this invoice to help you file a claim with your insurance company (or provide to someone in your mission or denominational headquarters who does insurance filing you). In any case, ALONGSIDE will supply you with an insurance-friendly invoice that can be used for filing purposes. It will be up to you or your organization to do the filing.

Before coming to ALONGSIDE, it would be important to call your insurance company (the phone number is usually on the back of your insurance card) and ask the follow questions:

1. Does your policy cover "mental health treatment?" ("Mental health treatment" is an insurance term for "counseling.")
2. Does your plan restrict you to "in network" providers for mental health treatment?
3. Does covered mental health treatment need to be rendered by a doctoral-level psychologist, or is it sufficient to use an M.A.-level psychologist, professional counselor, social worker, or marriage and family therapist with appropriate state licensure?
4. Does the policy cover individual psychotherapy? Marital psychotherapy? Group psychotherapy? (We usually do all of these, and it is important to know which modalities your plan covers. "Psychotherapy" is the insurance word for "counseling," along with "mental health services.")
5. Are there any specific diagnoses that the policy does not cover?
6. What is your annual deductible? Does that need to be met before your insurance will cover mental health treatment?
7. Do you need precertification for mental health services? Do you need precertification for psychological testing?
8. What is the maximum number of sessions your plan covers for individual psychotherapy? Group psychotherapy?
9. Is there a limit to how many sessions can be covered in one day? In one week? Does the plan cover both individual psychotherapy and group psychotherapy on the same day? (Many plans do not; but that is how we do our program because it is the most effective, time-efficient approach.)
10. Does your plan cover "intensive outpatient psychotherapy" and/or "short-term intensive day-program psychotherapy?" (These terms would best describe what we do in insurance language.)

# Alongside

Knowing this information from the outset will help us to match you with a counselor and choose counseling options that fit your insurance coverage better than other counselors and other counseling options.

Most people who come to ALONGSIDE qualify for some kind of mild mental health diagnosis (like depression or anxiety or adjustment disorder). In order for insurance to pay for our services, we must provide you with a diagnosis. Without such a diagnosis, insurance won't pay. And the professional criteria for making such a diagnosis can be quite rigid. We can only assign you a diagnosis that meets the criteria, and until you come to ALONGSIDE and we meet with you, we cannot be sure that you would legitimately qualify for a diagnosis.

Summarizing: Many times, counseling would be highly beneficial, but occasionally the person does not meet the official criteria for any diagnosis of a "mental disorder," and insurance only pays if these criteria are met. We will not know if you meet the criteria or not until you get here and we do a clinical interview. It is up to you to know what your particular insurance plan requires and whether or not you want to go the insurance route. Sometimes people have insurance coverage but choose not to use it.

Blessings on you as you sort through all this and consider your options before