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INSURANCE REIMBURSEMENT – PLEASE KEEP THIS FOR YOUR RECORDS

I sometimes receive denials for payment from insurance companies that I am unable to resolve with them. When problems arise with obtaining reimbursement from insurance companies for services provided and I am unable to resolve the issue, it is often the client's responsibility to attempt to resolve the problem or pay the outstanding charge.

You are responsible for payment if the insurance company denies your claim. Listed below are a few of the major reasons for denial.

- 1) If an insurance company does not authorize additional sessions that exceed the client's benefit plan. It is each client's responsibility to know how many sessions are provided by his or her policy and to know when the benefits have been used. In my interactions with insurance companies I am sometimes given misinformation.
- 2) If a client receives therapy from me as well as medication from a psychiatrist, it is likely that both practitioners are jointly limited to the annual number of sessions allowed. It is the client's responsibility to read his or her monthly explanation of benefits and to know how many sessions have been shared between the two clinicians.
- 3) Clients are responsible for knowing if they require pre-authorization of services.
- 4) If a client switches insurance plans, it is their responsibility to know the benefits and requirements of the new plan. If pre-authorization is required, the client must secure the preauthorization and provide it to me along with all new insurance information prior to being seen under your new insurance. Services may be denied if pre-authorization is not obtained.
- 5) If a denial for services is due to ineligibility at the time of service, the client will be charged the full session fee and be responsible for payment.

I appreciate that you have chosen me to provide services.