

Fee for Service Guidelines and Helpful Hints

Dr. Roth-Roemer is an Arizona State licensed doctoral level psychologist. She is a fee for service provider which means that you pay for your services at the time you receive them and we will provide you with what you need to collect from your insurance company.

Insurance companies classify us as an out of network provider. We encourage every patient to verify their benefits for psychological services with their insurance company prior to their first appointment, so you will have a clear understanding of your benefits for out of network psychological services and what your financial responsibility will ultimately be. We do not bill any health insurance companies. We collect full payment at the time of your visit and then your insurance company will reimburse you directly after you submit your charges to them. We provide receipts to submit to your insurance company for reimbursement. The receipts contain all the information a health insurance company would need to reimburse you for your visit. Reimbursements for psychological services are based upon your individual out-of-network benefits and coverage. Depending on your out of network benefit, you may be reimbursed for up to 80% of the appointment. Also, if you plan on billing insurance for reimbursement of your visit, you will need to obtain a prescription from your physician prior to your first appointment. If you do not plan on billing insurance, you do not need a prescription. For more assistance, please refer to our insurance billing worksheet to use when you contact your insurer.

To Find Out More About Your Out-Of-Network Psychology Benefit:

- Have your insurance card, your date of birth, your social security number, a pen, and this form handy.
- Call the toll free # for customer service on your insurance card and select the option that will allow you to speak with a customer service provider directly, and not an automated system.
- Ask the customer service provider to quote you your psychological service non-preferred/out of network benefits.
- You will need to know:
 - o Do you have a deductible? _____
 - o If so, how much? _____
 - o How much is already met? _____
 - o What percentage of reimbursement do you have? (60%, 80%, 90%?) _____
 - o Does your policy require a written prescription from your primary care provider? _____
 - o If you were seen by a specialist, will you need a referral from your PCP as well? _____
 - o Does your policy require a pre-authorization? _____
 - o What steps do you need to take for authorization? _____
 - o Is there a limited dollar amount or number of visits each year? _____
- o Does your insurance company require a special form for claim submission? _____
- o What is the mailing address you should submit claims to? _____