



AUTHENTIC
THERAPY SERVICES LLC

Out of Network Insurance Information

Authentic Therapy Services, LLC does not participate with any insurance companies.

While understanding the implications for clients with active health benefits, ATS is a values-driven practice focused on providing affirmative treatment services that are not always aligned with the deficit-based medical model of managed care. We have chosen to prioritize our clients' right to privacy and their role as primary-decision makers regarding diagnoses (or lack thereof), confidentiality of treatment records, and genuine treatment needs. Given our work with neurodivergent, LGBTQIA+, and other minority communities, providing out-of-pocket services allows us to minimize the risk of harm, including rejection of services available to you by strangers reviewing your private health information and rendering uninformed judgments of your "medically necessary" needs.

As a self-pay and **Out of Network provider**, clients will be billed at time of service and are responsible for all upfront payments. ATS is readily prepared to offer monthly documentation (known as "superbills") for clients to submit to their insurance for reimbursement. Eligibility for out of network benefits (and reimbursement amounts) will vary based on your specific insurance company and selected plan.

While out-of-network benefit information can often be found on your Summary of Benefits forms or on your insurance company's website, it is always best to verify by contacting the company member services line – generally found on the back of your insurance card – and ask the following questions:

1. What is my **out-of-network deductible** for outpatient mental health visits, and how much of my deductible has been met this year?
 2. What is my out-of-network coinsurance for outpatient mental health visits?
 3. Do I need a referral from an in-network provider or a primary care physician to see someone out-of-network?
 4. How do I submit claims for out-of-network reimbursement?
 5. Are virtual outpatient mental health visits (or **teletherapy**) covered by my plan?
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Reimbursement for Out of Network Insurance Claims

Authentic Therapy Services, LLC has partnered with Mentaya for clients to easily submit claims for out-of-network insurance reimbursement.

[Mentaya](#) is a secure, HIPAA-compliant platform that helps to verify clients' out of network benefits, submit claims, and track reimbursements for a small fee of 5% per claim. This service is completely optional, and therapists do not benefit in any way from client participation.

Clients who are interested in utilizing Mentaya to process their out of network claims submissions can sign up using the following link:

<http://mentaya.com/c/authentictherapyservices>

Note: *Please be advised that utilizing Out of Network insurance benefits involves compromises to the privacy of your personal health information. Insurance companies may require disclosure of your treatment record (i.e. diagnosis, services received, treatment plan), and can limit or reject coverage based on this information. Additionally, your diagnoses will become a part of your permanent medical record, with mental health concerns then being considered pre-existing conditions.*

Clients are strongly encouraged to consider their own privacy needs when deciding to utilize out of network insurance benefits.



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Good Faith Estimates

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Authentic Therapy Services Good Faith Estimates

Anticipated length of treatment services can be difficult to predict due to the individual nature of each client’s presenting concerns, life circumstances, personal goals, and appointment availability, among numerous other factors. Our work together will always be a collaborative effort, with ongoing discussion regarding perceived benefits of treatment and progress towards your goals.

Authentic Therapy Services LLC Rates:

- Individual Therapy, 30 minutes (\$75)
 - Individual Therapy, 45-50 minutes (\$150)
 - Individual Therapy, 60-75 minutes (\$175)
 - Relationship and Family Counseling, 45-50 minutes (\$175)
 - Gender Affirming Care Letter Assessments (Reduced Rate Range \$75-125; Standard Hourly Rate of \$150 for Urgent Appointments; Needs-Based Pro Bono Available).
 - Autism Assessment (Abbreviated Report \$1350; Comprehensive Report \$1650)
 - ADHD Assessment (Abbreviated Report \$750; Comprehensive Report \$1050)
 - Combined Autism and ADHD Assessment (Abbreviated Report \$1650; Comprehensive Report \$1950)
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