



Explanation of the Insurance Billing Process

Thank you for choosing to work with Lotus Counseling Center. We have prepared this letter to help you better understand the complexities of your mental health insurance benefits. As a courtesy to incoming clients, we will contact your insurance company to establish mental health coverage and benefits and to ascertain what your deductible is. Once you have begun your sessions at Lotus, you will be given a diagnosis by your therapist and we will begin to bill your insurance.

Upon submitting your claim, your insurance company determines an "allowable amount". This "allowable amount" varies per plan. This "allowable amount" also affects how your deductible is met. Even if you have paid the full fee for a session; the insurance will only count what they deem the "allowable" amount to be towards the deductible. Therefore, it normally takes longer to meet your deductible than it may seem.

We will not be able to inform you of what the allowable amount will be until the first cycle of payments has been processed, please note this can take anywhere from one to three months. Lotus Counseling bills on a weekly basis. However, it takes the insurance company one to two months to process you into their system and often times two to three months for reimbursement. Once reimbursement has been received on a regular basis (and only then) can we apply this amount in order to reduce your session fees.

Lotus Counseling will try to handle all insurance claims and issues in efforts to save you time, giving you the ability to focus on you. Please remember that you are ultimately responsible for payment of services and we want to work with your insurance plan. We hope this information has been helpful.