

CLIENT HANDOUT RE: DIRECT BILLING SERVICES



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Family Counselling Centres offers direct billing to our clients as way to remove the barrier of financial hardship from those committed to seeking mental health assistance. For the most effective treatment planning {and family budgeting} it is extremely important that you contact your insurer to inquire of your plan limitations and share your plans with your clinician.

**For services extending past your coverage we have a sliding fee scale, partnerships with community organizations for subsidized services and Intern Services with reduced fees.*

Privacy laws prevent your insurer from disclosing the details of your policy coverage to our office. It is up to you as a client to contact your insurer and remain informed of the policy details.

Below are some example questions to ask your insurer:

- Do I require anything to access my coverage? {i.e. Physician referral or prescription for psychological assistance}
- Is my policy eligible for payment directly to a service provider/clinic? {*FCC direct billing is only accessible to those client policy's that are eligible for direct payment to the clinic}
- What kind of clinician do I have coverage for? {i.e. Certified Canadian Counsellor, Registered Provisional Psychologist, Registered Psychologist}
- What is the maximum payable per appointment? Sessions are billed at \$200/HR – you will be responsible for the balance.
- What is the maximum payable per year? Is this a per person amount or a 'pot' for multiple dependent use?
- When does my coverage renew/roll-over?
- Do I have access to any further employer funding? {i.e. Health care / Wellness spending account}

FAMILY COUNSELLING CENTRES ACCEPTS ZERO RESPONSIBILITY IN KNOWING THE LIMITATIONS OF YOUR PLAN COVERAGE.

Insurance claims are processed by our Administrative Director within 3 business days of your attended appointment.

Further claim verifications from your insurer can lead to a delay in our office being informed of a denied claim. Once a claim is submitted by our office we are unable to follow up with your insurer as to the status and only assume a denial has occurred once a time lapse of 60 days has occurred. **Once this time lapse has occurred we are unable to claim to any secondary plan (if provided).*

Denied claims are billed to the credit card you've provided for your client file.

****It is mandatory for clients utilizing the direct billing services to keep a current credit card on file for this purpose.***

As direct billing is offered a courtesy of our office, the onus is on your as a client to inquire with our Administrative Director as to the status of your account if you feel your claim submissions from our office are not up-to-date. Inquiries regarding your insurance submissions can be made through e-mail to valerie@familycounsellingcentres.com.