

Using Your Insurance to Find a Counselor

We've provided this outline to help you in navigating your own insurance to find a counselor because we know that it can be confusing to interpret the ins-and-outs of insurance. At the Student Counseling Center, we understand the challenges in this process and we are available to help you along the way if you need.

If you have your own insurance or are covered under a parent's insurance plan, follow these steps to find a provider who accepts your insurance:

1. Go to the insurance carrier's website, which is usually listed on your insurance card.
2. Find the link on the webpage that allows you to search for a provider. This may be called "find a doctor" or "physician directory" or something similar.
3. Search for a mental health specialist using the search tool [e.g., may have a dropdown menu for "mental health specialist," "behavioral health," or some similar term]. Keep in mind you may have to select multiple selections or search multiple terms to find counselors, social workers, psychologists, and psychiatrists.

If you need any assistance in finding appropriate referrals or have any questions about your mental health benefits and cannot find the answer online, follow these steps:

1. Call the 1-800 number on the back of your insurance card to reach the customer service representative for your insurance company. They will ask for your **Insurance ID Number** (located on the front of your card), your **birthdate**, and your **home address**.
2. Ask them what your "Outpatient Mental Health Benefits" are. [Note: sometimes these are referred to as "Behavioral Health Benefits"]
3. Ask for a listing of names of therapists or psychological services in your local zip code. Make sure to get more than 1-2 names, as you may need to call several providers to secure an appointment.
4. It can be helpful to have the following questions answered:
 - a. Is there a deductible to meet? [See below for definition]. If so, you will want to know: How much is the deductible, and How much has been met to date?
 - b. What is my co-pay or co-insurance? [See below for definition]
 - c. Is pre-authorization or referral required before meeting with a therapist?

After obtaining a list of providers from your insurance, you will begin by calling the names. Keep in mind that space is limited with counselors and psychiatric providers, so you may need to call several in order to find out who has openings. Try not to get discouraged if you cannot speak with the contact person directly, as you will often need to leave a confidential voicemail. In your voicemail, you will need to identify yourself, mention who referred you, and provide a return phone number and times you can be reached. The provider will call you back, usually within a day or two, unless you indicate that you need an urgent contact. When you make contact, it can be helpful to ask additional questions:

1. Are you currently accepting any new clients?
2. How soon would an appointment be available?
3. My concerns have to do with _____ (e.g., depression/anxiety/eating issues/alcohol issues/relationship problems). Do you have experience working with these concerns?
4. How do you view the change process?
5. What are your thoughts on the use of medication to treat _____?
6. Do you still take _____ insurance for payment?
7. What are your payment policies? Do I need to provide co-payment at the first visit?
8. Where is your office located?
9. Is there anything else I should be aware of?

Psychology Today (<https://www.psychologytoday.com/us/therapists>): Another resource for finding a provider in your area, their search engine allows users to put in their insurance, location, and specialties to find a provider. You can look through provider profiles to see their credentials and information about their practice.

Addressing privacy concerns: If you have concerns about protecting your privacy, you may want to contact your provider to have billing and other related notices sent to your address. Having your own insurance is the most private option.

If you have the school's sponsored insurance through PacificSource, all mailing will be sent to the address you have on file with the school. For many people this is their permanent home address. You can change the address by logging in to your PacificSource account (<https://pacificsource.com/pacificu/>).

For people who are on their parent's plan, you can also call the insurance company to have information mailed to your address (check your insurance card for the website or number to call). Be aware that the primary insured person may have access to all claims paid by the insurance. Call your company to get more information about their privacy policies.

Useful Insurance Lingo

In-Network, Panned, Participating Provider, or Credentialed: The provider has entered into a contract with the insurance company to accept their fees for services (the fee that the insurance company pays for therapy). This means that they can take your insurance. When someone is “in network” they will bill your insurance directly which keeps your out of pocket costs low.

Out-of-Network or Non-Participating Provider: This provider has not agreed to the insurance company fees. Some insurance companies pay non-participating providers, typically costs to the consumer are higher. Different insurance plans vary in their payment for out of network care so check your summary of benefits for details. Also, providers vary in their policies regarding out of network benefits. They may require you to pay the full cost up front and provide a receipt for you to collect reimbursement from your insurance company, or they may bill your insurance as a convenience to you.

Coinsurance or Copayment: the amount of money that you owe for services. This amount should be listed on your insurance card and in your insurance summary of benefits. For instance, if your coinsurance is \$20, you pay \$20 when you go to the provider and the insurance company will pay the balance. Depending on your policy, you may have a copay or deductible [see below] that you are responsible for at the time of the visit.

Deductible: The amount of money that you have to pay for your health care before insurance pays. For instance, if you have a \$1000 deductible, you are responsible to pay the first \$1000 to your doctors before insurance kicks in and pays the rest. The deductible, typically, restarts every year. After you pay the deductible you may still pay a copayment for services.

Summary of Benefits: A document from your insurance company where you can read about your policy coverage. This document will tell you details about how much the company will pay and how much you will pay for different services and medications.

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