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Why Dr. Morrow Does Not Bill Insurance Companies

It was with a conflicted heart that I made the decision to no longer be an in-network service provider for insurance companies. For several years, I felt very torn regarding my involvement with insurance companies, the limits they imposed on my work, and the moral and ethical implications of submitting mental health claims to insurance on behalf of my clients.

Every time I bill insurance, I am required to label my clients with a mental health diagnosis. Once a diagnosis is submitted, this information goes into national medical databases that are kept on file for decades. I became increasingly aware that billing insurance went against two ethical codes of conduct that I take very seriously – protect the confidentiality of my clients and do no harm. Once your private health information is submitted to an insurance company, I no longer have any control over who sees this information. Medical databases are routinely searched by prospective insurers. There is a chance that having a mental health diagnosis documented may, down the road, become problematic when a client is trying to obtain health insurance, life insurance, or disability insurance. You may be denied insurance all together, or it may only be offered at an unreasonably high cost. There is also a risk that, in certain lines of work, a prospective employer could learn of a client's history of mental health treatment and this information may sway their decision to hire. Those who decide to pursue military enrollment may also face scrutiny.

When you use your medical insurance to pay for psychotherapy, you waive some of your rights to confidentiality. Insurance companies not only demand a psychiatric diagnosis be given, but they can also require I release private details regarding your care. As an “in-network” provider I had to agree to allow your insurance company total access to patient files if the company decided they wanted to review my client accounts. This would mean an employee of that insurance company would have the right to come to my office and read everything in your psychotherapy records. There is no way for me to ensure that your confidential information will be treated as private once it is given over to an insurance company.

Further, insurance companies often attempt to influence the methods, duration, and frequency of treatment so as to save money. This means treatment decisions are taken away from you and your therapist, the only two people who should be in charge of making such decisions.

New banking laws also may allow insurance companies to share information with their affiliate companies unless you opt out. Because private health information is now managed through computers and internet-based systems, it is becoming increasingly difficult to control access once this information is in “the system.”

Finally, an additional reason that I no longer accept insurance is that I am now able to have more flexible rates, thereby making my services accessible to both insured and non-insured people. When you are a contracted service provider, you agree to have “usual and customary” fees, meaning you charge the same rate for all clients. This had prohibited me in the past from feeling comfortable offering reduced fee services to non-insured people.

It is my belief that psychotherapeutic effectiveness depends on trust and confidentiality. In order to protect my clients' confidentiality and provide ethical treatment, I encourage you to pay out-of-pocket for your psychotherapy. However, if you wish to seek reimbursement for “out-of-network” benefits, I will be happy to provide you with a billing statement at the end of each month that you may submit to your insurance company (and/or for tax purposes). Occasionally insurance companies ask for extensive diagnostic information or detailed treatment information in order to authorize reimbursement to you for therapy. I would encourage you not to have me release such information, due to the above stated reasons. In this case, your insurance company may refuse to reimburse you, and you would be responsible for the entire cost of treatment.