**Many clients ask about using health insurance to pay for their therapy, and wonder why we are not on some insurance panels.**

* Health insurance companies need your therapist to have a legitimate diagnosis in order to provide you with treatment they will reimburse. However, not everyone that comes into our office has a mental illness, but rather are struggling with life stressors and need to get back on track. Some common reasons for coming to therapy, like couples counseling and grief counseling, are typically not covered by insurance.
* I am required to give you a diagnosis, which your health insurance will then keep on file permanently. The diagnosis given to you stays on your permanent health record, and can affect your future. For example, if you would want a job that requires a security clearance, if you would like to adopt a child, or if you would like to purchase a gun here in the great state of Kentucky, mental health diagnoses are taken into account.
* Insurance companies will usually authorize a specific amount of sessions that they will provide payment for. In our experience, there is no "one-size-fits-all" when it comes to therapy. People have varying levels of severity with their symptoms, and obstacles that are unique to their life alone. Having an insurance company say we need to get all of your issues resolved in x amount of sessions puts unnecessary pressure on the both of us! We also don't want to leave you without our work completed because the insurance company thinks you don't need anymore treatment.
* Some insurance companies reimburse counselors and psychologists at a very low rate, typically lower than the set fee from the clinician. It makes it hard to do good work with clients when your therapist is worrying about how he or she is going to pay their bills and sustain a practice.
* Insurance companies can also take a while to reimburse their providers. Imagine if you did not know when your employer was going to pay you, or even worse, told you after a while they decided they aren't going to pay you. Again, you deserve a therapist that can give you their full attention to focus on your needs.
* Your treatment remains confidential when you do not use insurance. Since we are not billing insurance companies, the information about your treatment remains confidential between you and your therapist, unless you wish to release that information to another party.
* Insurance companies want a lot of information about you, and would require your therapist to update them on your progress frequently, because it is their money after all. Your therapist would have to speak to a complete stranger on the phone, who may or may not be trained in mental health treatment, who is putting information in their company database about you, and who determines whether or not the therapy is helping you. ​

We hope this helps you understand why I am not a member of any insurance panels. If you are still interested in using your health insurance, many plans (usually PPO) have out-of-network benefits, and your therapist will be happy to give you the form to submit for reimbursement. Keep in mind that your therapist will still have to give you a mental disorder diagnosis, which will still be part of your permanent health record.