

ABOUT INSURANCE

My purpose in becoming credentialed is to make my services more available. And yet, as I have only so much time in a day, so my services are offered with the following guidelines:

- I require payment from my patients at the time of service.
- FSA's generally cover my services.
- **I will provide you with a super-bill once each month**, with the [Prenatal Massage & Education](#) necessary codes and other required information. I am not always timely with these.
- It is the patient's responsibility to submit forms to their health insurance company for reimbursement.
- **Coverage is solely dependent upon your health insurance provider plan.**
- I accept cash, check, credit cards, **excluding** American Express, at our session, and online.
- My experience so far with reimbursement is that it varies greatly. There appears to be little rhyme or reason involved.

Four Good Reasons Not to Use Insurance

1. **PRIVACY:** An insurance company becomes a third party to treatment, complicating the therapeutic relationship. The privacy of the therapeutic relationship, so important to building the trust necessary to discuss and deal with painful and sometimes embarrassing problems, is compromised. Some insurance companies are less intrusive than others, but all want to know the client's diagnosis and reasons for needing treatment. May reserve the right to audit the practitioner's records of treatment.
2. **CONFIDENTIALITY:** not only does the insurance company know about the client's problems, but it passes on information to the Medical Information Bureau, a centralized computer databank used by health, disability, and life insurance companies, and sometimes prospective employers. As computer experts know, no computer system is immune from intrusions; even the Pentagon's computers are accessed over a hundred times a year by unauthorized personnel (hackers).
3. **CONTROL OF TREATMENT:** It takes time for clients to trust their practitioner, and for their practitioner to know and understand their

clients. And although a thorough study by Consumer Reports showed that clients felt more benefit from longer periods of treatment, many insurance companies heavily limit how many visits clients may have, and with whom. In addition, should a client's emotional difficulties stem from a physical problem, which is always a possibility, insurance companies tend to heavily discourage the use of adequate diagnostic tests.

4. COST: Many studies have indicated that bodywork is highly cost-effective in terms leading to lower use of other health services and to higher work productivity. Insurance companies operating to boost short term profits often deny adequate bodywork coverage; the client pays the price in emotional and physical suffering and lost productivity/wages. In addition, the diagnosis your practitioner is required to share with your insurance company for reimbursement is used by health, disability, and life insurance companies to increase premiums or deny coverage altogether, and sometimes by employers to screen employees and deny employment.

RECOMMENDATIONS

- Get all agreements to cover treatment in writing from your insurance company
- Consult with your employer's Personnel/Human Resources Department
- Consult with Union representatives
- Contact the Insurance Commission for the state where your policy was issued
- Contact your congressperson and legislative representatives
- Retain legal counsel
- Avoid using insurance