JULIEN COUNSELING AND WELLNESS • PRACTICE BILLING & INSURANCE GUIDE

Insurance, Payments & What to Expect

Starting therapy is an investment in your well-being, and understanding your financial commitment should feel clear, predictable, and transparent from day one. Here is a complete guide to how insurance verification, copays, portal billing, and out-of-network claims work at Julien Counseling and Wellness—so our time together in session remains entirely dedicated to your therapeutic care.

In-Network Coverage: What Happens Next?

If Molly Julien or Julien Counseling and Wellness is listed as a participating provider under your health insurance plan, you are officially in-network. That means your plan covers your therapy sessions according to your established behavioral health benefits. Once you decide to begin, the process unfolds seamlessly in three clear stages:

STEP 01

Portal Intake Forms

When you schedule your first appointment with Molly, you will receive an invitation to access our private, encrypted client portal. There, you will comfortably complete your initial clinical questionnaires, consent forms, and upload your insurance card details.

STEP 02

Benefit Verification

Molly directly confirms your behavioral health coverage with your insurance carrier. She reviews your deductible status to see whether it has been met for the year and establishes your exact copayment or coinsurance requirement per session.

STEP 03

Notice Before Session 1

Prior to meeting for your first appointment, Molly communicates your confirmed session rate, copay, or deductible responsibility. You will know your exact financial expectation well in advance, leaving no room for unexpected surprises.

Payments & Practice Boundaries: Protecting Your Session Time

Seamless Portal Billing

All balances are managed securely and electronically. You can log into your secure client portal at any time to review itemized statements and pay your balance directly. Alternatively, Molly can securely process payments using your authorized card on file following each session—whichever method you prefer.

Your Clinical Hour Is Sacred

Molly upholds a strict clinical boundary: session time will never be spent swiping credit cards, writing receipts, or collecting payments. Every minute of your appointment belongs to your healing, self-discovery, and therapeutic goals. All administrative billing takes place behind the scenes through the portal.

COMMON QUESTIONS

“Why does my insurance EOB say I owe Molly money when I already paid my copay?”

It is completely natural to feel confused or concerned when you receive an Explanation of Benefits (EOB) from your insurance company in the mail stating an amount owed. However, an EOB is strictly an informational statement of claims processed—it is NOT a bill, and it does not represent an actual invoice from Molly Julien.

The paperwork you receive from your health plan outlines how much your provider billed, what the plan paid toward the claim, and an automated formula estimating what your cost-share might be based on standard copays, coinsurance, or annual deductibles. Because insurance statements use automated projections, these numbers do not track real-time payments you have already made.

An EOB never equals or alters any outstanding balance for Julien Counseling and Wellness. If you have already paid your agreed copay or session fee, your account is in good standing. You can always log into your secure client portal at any time to verify your live, accurate balance.

Out-of-Network Care: Courtesy Claims & Deductibles

If Molly Julien is not in-network with your specific insurance plan, you may still be able to use your benefits if your plan includes out-of-network behavioral health coverage. Rather than making you navigate the paperwork alone, Molly coordinates your claims directly:

Molly Submits All Claims for You

Many private practices require clients to collect monthly 'superbills' and file reimbursement claims themselves. At Julien Counseling and Wellness, Molly handles all claim submissions directly to your insurer on your behalf as a courtesy service.

Once Your Deductible Is Met

As soon as your annual out-of-network deductible is fulfilled, your plan begins cost-sharing. From that point forward, you are only responsible for your designated copayment or coinsurance percentage per session, while Molly continues filing all claims seamlessly.

Meeting Your Deductible First

Most out-of-network plans carry an annual deductible that must be met before benefits activate. During this period, you pay Molly her private session rate directly, and each claim she submits applies toward fulfilling your deductible threshold.

Helpful Questions for Your Insurer

We encourage you to call the member services number on the back of your insurance card and ask: 'Do I have out-of-network benefits for outpatient psychotherapy (code 90837)? What is my out-of-network deductible, and how much of it has been met?'

FINANCIAL ACCESSIBILITY

Sliding Scale & Accessible Care

Quality mental health care should be accessible and sustainable. Molly understands that financial circumstances can change and that insurance plans do not always offer equitable coverage. To help bridge this gap, Molly offers a limited number of sliding-scale fee arrangements based on financial need and individual circumstances. Sliding scale agreements can be discussed openly and confidentially during your consultation or in person.