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How much do you charge? Do you take insurance, and how does that work? Can I afford Therapy?

Therapy can be an expensive process, but most people do not pay full price. My goal is to make services as financially feasible as possible for everyone.

The cost for an initial intake is \$200 and \$150-\$200 per session thereafter. For CBIT sessions, I charge \$200 per session. Payment is always collected at the time of service. Most people do not pay the full amount for therapy, however. Below are several options to assist you:

I HAVE INSURANCE:

Currently I am IN-NETWORK with many plans on Aetna, Horizon Blue Cross Blue Shield of New Jersey and Cigna. I am considered OUT-OF-NETWORK with ALL other insurance companies. This does not mean I will not take other forms of insurance. Your claims will be processed on an OUT-OF-NETWORK level.

WHAT DOES THIS MEAN?

IN NETWORK: This means that you will only pay a copay or percentage (depending on what your insurance offers for mental health) and your insurance company will pay the remaining balance. You may have a deductible to meet prior. You will only be responsible for your copay or percentage. I will be able to verify your insurance and let you know your cost per session prior to your first visit. You are responsible, however, for finding out if you need pre-approval, pre-authorization, or a referral from your primary care doctor prior to seeking therapy. *Contact your insurance company to verify that I am truly considered IN-NETWORK with your specific plan or visit their customer service page or doctor finder.* **YOU WILL BE RESPONSIBLE FOR ANY CLAIMS THAT ARE DENIED.**

You can verify your IN-NETWORK status for the following plans by visiting these sites and searching for my name and your plan.

Horizon Blue Cross Blue Shield of New Jersey: https://doctorfinder.horizonblue.com/dhf_search

Cigna: <https://hcpdirectory.cigna.com/web/public/consumer/directory>

Aetna: <https://www.aetna.com/individuals-families/find-a-doctor.html>

OUT OF NETWORK: This means that you will pay the full cost of therapy up front. I will submit a claim to your insurance company on your behalf. Depending on your OUT-OF-NETWORK benefits, your insurance company will reimburse you. The level of reimbursement will depend on your individual benefits.

I HAVE MEDICAID, MEDICARE DO YOU ACCEPT?

Unfortunately, I do not take Medicaid plans, even if you are part of an Insurance Carrier that I accept. These plans work under a different system that I am not affiliated with them. Again, *contact your insurance company to verify that I am truly considered IN-NETWORK with your specific plan or visit their customer service page or doctor finder.*

HOW DO I DETERMINE MY OUT-OF-NETWORK BENEFITS?

To determine your benefits, you will need to contact your insurance company and/or log into their online portal. Speak to the behavioral health department to find out what percentage they reimburse for OUT-OF NETWORK and if you have to meet a deductible prior to being reimbursed. Check your coverage carefully and make sure you understand their answers. You will want to get answers to the following questions:

- Is behavioral health covered under my health plan?
- What is the reimbursement rate for OUT-OF-NETWORK per therapy session?
- How many therapy sessions does my plan cover?
- Is approval required from my primary care physician prior to seeing a therapist?
- Do I have to meet a deductible before I start getting reimbursed. Do I have a specific OUT OF-NETWORK deductible?
- What is my OUT-OF-POCKET-MAXIMUM (the amount of money I must pay before being covered at 100% reimbursement)?

Let's look at an example of how this works. The rate for sessions would be \$150.00. Suppose you have a \$500.00 OUT-OF-NETWORK deductible before your reimbursement of 80/20% kicks in and you have an out-of-pocket maximum of \$1000.00.

This means that you would be responsible for paying your first \$500.00 of therapy up front without any reimbursement (Assuming you have not seen any other doctors or had any other procedures yet). Once you have paid \$500.00, your insurance would start covering 80% (or \$120.00) and you would be responsible for the remaining 20% (or \$30.00). You would pay the full \$150.00 per session but after you reached the \$500.00 deductible you would start receiving reimbursement checks from your insurance company for \$120.00. Once you reached \$1000.00 of payments (your deductible plus all the \$30.00 payments you would be responsible for) you would start being reimbursed at 100% and would receive the full amount back from your insurance company.

Check your coverage CAREFULLY and make sure you understand the answers. For OUT-OF- NETWORK insurance, you will be responsible for receiving your reimbursement

Regardless of your insurance benefits, I will collect payment in full at the time of service. Please note that submitting an insurance claim means I will need to give you a mental health diagnosis.

I DON'T HAVE OUT-OF-NETWORK BENEFITS, I CAN'T AFFORD MY OUT-OF- NETWORK BENEFITS, I DON'T HAVE INSURANCE, WHAT ARE MY OPTIONS?

If you're having trouble affording therapy, there are other options. I do offer a sliding-scale schedule. A sliding scale fee takes into account your family size and household income to determine your payment. You may use this service if you do not have insurance or if you're insurance out-of-network benefits are not financially feasible for you. Unfortunately, this service is NOT AVAILABLE for individuals with IN-NETWORK insurance. If you're interested in this a sliding scale fee, you can contact me, or download "Sliding Scale Application Form" under the "Client Forms" section of this website. In order to qualify, you will also need to submit a paycheck stub, tax return, or other documentation to verify your income. Once your application is submitted, you will be notified of your specific rate for therapy. Please contact me if this is a service you are interested in and I will be happy to provide you with an estimate of what your rate would be. Please note that I only have a small amount of spots available for sliding scale patients.

I STILL CAN'T AFFORD THERAPY.

If you are still struggling to pay for therapy, you might be eligible for charity care options. I do have a few spots designated for charity care and for people struggling to pay for therapy. Please note that the options below and available spots are given at off-peak times.

Option One:

Join Open Path. This is a service that allows you to seek therapy for as little as \$50.00 per session. The service has a one-time cost to join, but it allows you to see myself or other therapists at a discounted rate. Please Note: I have very limited spots available through Open Path. Contact me in advance before signing up to find out my availability through this service or visit my profile page to see if I am currently accepting new patients through this service, here: <https://openpathcollective.org/clinicians/lenny-gallo/>

Option Two:

Pay what you can. I reserve a few spots for people who are struggling to pay for therapy and allow them to pay what they can. These spots are for people who are truly in need of financial assistance and have very limited income. To qualify for this service and to check for availability, please contact me.

Option 3:

If none of the above can meet your financial needs for therapy, there are a ton of other services that can assist you in getting the help you need. Many colleges and local clinics offer therapy at discounted rates. You can also consider applying for Medicaid if you do not have insurance. If you need help finding a provider that offers low/no cost therapy, please feel free to contact me and I can send you a list of providers.