Attn: Network Management

Re: Fee Schedule Increase for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hello,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NPI-2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is seeking a review of our contracted rates with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are the only multidisciplinary group practice in the 60631 zip code offering specialized psychotherapy and psychological testing services for children, adolescents, and adults. Our Clinical Counselors, Clinical Social Workers and Psychologists have specialized training in OCD, drug and alcohol counseling, pain management, trauma, EMDR, Art Therapy, and Dance and Movement Therapy, to name a few. We are well known in our neighborhood as a mental health provider. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently sees approximately XX clients with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has analyzed our current reimbursement rates with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have determined the rates in our current agreement are not competitive with other payer agreements we have. For this reason, we cannot continue to see clients at the current reimbursement rate.

These are the current reimbursement rates for the COT codes we utilize through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance:

90791: $XX

90837: $XX

90846: $XX

90847: $XX

Our out of pocket rate for 90791 is $160 and for all the remaining codes is $135.

These are our current reimbursement rates with other insurance companies for the same CPT codes: **Report reimbursement rates for insurances that are above this insurance rate, without naming the insurances**\*

90791: $XXX.XX, $XXX.XX

90837: $XXX.XX, $XXX.XX

90846: $XXX.XX, $XXX.XX

90847: $XXX.XX, $XXX.XX

We are requesting an increase to the following rates to remain contracted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance. **I usually request a $20 increase from what the insurance is currently reimbursing**\*

90791: $XX

90837: $XX

90846: $XX

90847: $XX

Our clinicians practicing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are:

CLINICIAN, NPI

CLINICIAN, NPI

Thank you for your consideration and request a response by mail or email (XXX@XXX.com) or fax XXX-XXX-XXXX within three (3) weeks.

Thank you,

NAME