


# FREQUENTLY ASKED QUESTIONS

## Our Location

Our address is:

 19590 Mainstreet  
Suite 203  
Parker, CO 80138

## Cost of Therapy

\*varies depending on therapist

Ongoing client sessions (45-55 min)  
Starting at \$155\*

**\$155 - \$225**

Parent intake/consultation sessions  
starting at \$175\*

If you choose to use your out of network insurance benefits we are able to provide you with treatment receipts to send to your insurance company for potential reimbursement.

When choosing to seek reimbursement we suggest you become familiar with your out of network benefits by calling the mental health number on the back of your insurance card and asking the questions outlined in the attached PDF.

Please feel free to reach out with any additional questions.

Email: [info@bloomchildtherapists.com](mailto:info@bloomchildtherapists.com)  
Phone: (720) 740-3510

## About Services

We are a group of mental health clinicians who specialize in working with children and adolescents ages 3-18 years old and their families. We provide individual counseling, parent/child counseling, family counseling and parent coaching services.

## About Payment

We are a **private pay mental health practice** and are considered out-of-network providers. This means we collect payment for each session from the clients at the time of each service.

 [Watch this video](#)

## Attached PDFs

Clients Guide to Verifying Insurance Coverage



# CLIENT'S GUIDE TO VERIFYING INSURANCE COVERAGE

Have your insurance card nearby.  
Speak to a customer service representative, as the automated benefits line does not always include Behavioral Health benefits.

## A. Verifying Benefits

"I need my benefits for Outpatient Mental Health with in-network and out-of-network providers."

**Please Note: Bloom Child Therapists is considered an Out of Network Provider.**

- "What is the effective date of coverage?"
- "What is the annual deductible?" and "How much has been met to date?"
  - "What is the percentage paid after deductible is met?"
- "What is the copayment or coinsurance amount for the following CPT codes: 90837, 90785, 90791, 90846"
  
- "Is a referral from a Primary Care Physician or Medical Group required?" (Usually HMO) \*If this is required, only the member/client is authorized to obtain this referral and should follow through accordingly.
- "Where do we mail claims?"
  - "Is precertification required?" If so, transfer to Authorizations Department and follow guidelines under Section B.



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## B. Obtaining Authorization/Precertification

- Know your therapist's name, credentials and mailing address. (See below)
- "What is the authorization number?"
  - "What is the authorization start date and end date? (Be sure to disclose your first session date, if you know it, so it will be included in the authorization.)"
  - "How many sessions are authorized?"
    - "Where do we mail claims?" (**IMPORTANT:** This is often a different address than the one used in cases where precertification is NOT required).



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## Our Therapists:

### Kaitlyn Johnson, LPC

Child & Adolescent Therapist  
kaitlyn@bloomchildtherapists.com

### Kelsey Ragan, LPC

Child & Adolescent Therapist  
kelsey@bloomchildtherapists.com

### Liz Barta, LPC

Child & Adolescent Therapist  
liz@bloomchildtherapists.com

### Jess Gonzales, LSW

Child & Adolescent Therapist  
jess@bloomchildtherapists.com

### Keri Sawyer, Owner

RPT-S™, LPC - Colorado, LCPC - Illinois  
Child & Adolescent Therapist  
ksawyer@bloomchildtherapists.com

