Insurance Stop-Gap Letter of Agreement Info

Option 1: Self-Pay Patients are billed at month-end for therapy services and provided with a superbill/statement.
Payment in full is required by the first week of the immediately-following month unless other arrangements have
been made. Exceptions for evaluations which are required to pay day of service) All self-pay clients receive a ‘cash
discount’ of approximately 10%.

Option 2: Reimbursement: Patient is required to pay in full, then ask your insurance about reimbursement options
for “out of network” services. Insurance will require the superbill/invoice once it has been paid.

Option 3: Insurance Gap Exception/Letter of Agreement If you have received an assessment and any diagnosis, you
can begin this process with insurance to request a specific contract with TLC. Contact intake/member services and
request an Out of Network Approval (aka Gap Exception). If they accept this request they will contact TLC for more
information and will create a case for you which will get sent to the Out of Network Department for review. If this is
approved, then they will send us a Letter of Agreement. If you believe you would be best served by a particular
therapist who provides services, therapies specific to your needs or specific diagnosis, insurance usually needs to
know this information so that they know why you are requesting this exception.
If you need more information or have issues with informing your insurance company, please reach out so we can
provide more guidance.