



APRIL 2019

WHOLE HUMAN PSYCHIATRY

LISA E. GOLDMAN, MD

Dear Doctor Goldman, do you take my XYZ insurance?

WRITTEN BY LISA E. GOLDMAN, MD

Dear Inquiring Patient,

Thank you for asking this important and highly relevant question. The short answer is NO, I don't "take" insurance but YES I will help you bill your own insurance as my services are billable to many insurance plans as an out of network provider. The bottom line is that you pay me when you come in to see me and I take care of you and provide you with a one page billing form so that you can BILL YOUR OWN INSURANCE and then they may or may not reimburse you- ie- pay you back for part (usually not all) of your services with me by SENDING A CHECK TO YOU, not to me!

If you want to know why I decided to practice psychiatry this way, please read on.

I love taking care of patients and they appreciate the unhurried and highly personalized attention I give them. I left "employed physician" jobs (working for big clinics and hospitals) because I did not like the way I felt pressured to shove patients through the exam room like tacos at a fast food restaurant. I followed the lead of other Escaped Doctors like Pamela Wible MD who were leaving what she calls "big box medicine" in order to start my own low overhead, low pressure, small volume, patient centered psychiatry practice.



My patients love the full session with me that lets us take the time we both need in order to get to the root causes of their discomfort. This extra time and uninterrupted attention permits direct eye contact between the doctor and the patient, not the doctor and the computer screen. It lets me take care of my patient and not just focus on clicking boxes on a screen to make sure I get paid.

This way of practicing patient centered psychiatry lets me take care of each patient as a unique and highly complex whole living person, not just a collection of disease symptoms that I can bill for as if each symptom were it's own separate entity with the patient just bringing in their symptoms but never showing me their whole true self.

I am here to take care of whole human patients, not to simply manage disease symptoms. My relationship is with my human patient. Not with their medical record, not with the symptoms and diseases I can bill for, not with the pharmaceutical companies who want me to push their newest drugs, and certainly not with their insurance companies who have never met the patient and don't want me spending any extra time with them.

Because I decided to focus all my mental, physical, and emotional energy on my patients, I am very good at what I do. I enjoy connecting with and helping people, and I look upon psychiatry as the format or skill set or discipline I use in order to fulfill what I believe in my heart I was called upon to do as my life's work.

Because I have spent nearly 20 years of my life in training to be not just a psychiatrist (a medical doctor who prescribes pills to treat patients who suffer from conditions or experiences we as a society have agreed to call "mental illness") but also a psychotherapist (a person who listens deeply to the messages of the mind, heart, body and spirit of their "patient" or individual in care) I offer a service to my patients that is very tough to find elsewhere.

By committing my life to practicing the kind of old fashioned psychiatry in which I slow down, listen, and pay attention to the whole human being, I have been told over and over again by other people that I am very good at what I do.

Mind you, I am not good at everything. I am not good at math, sports, or keeping up with housework. I am good at caring for people and this shows from the frequent positive feedback I receive from patients who tell me they are grateful to me for listening to them, for understanding them, for making them feel welcome and heard, and for making a difference in their lives and their emotional and spiritual well being.

This gives me great satisfaction and rewards me in ways that working in a high pay high pressure big box hospital or clinic environment cannot. I value independence, autonomy, freedom, and connection to my patients as people over financial security, a guaranteed retirement plan, and the prestige of climbing the academic and occupational ladder in a large medical organization.

When a person with less medical training (insurance agent) gets to tell me and the patient how long we can spend together, what we can work on, and when they try to tell me how to do my job, then my training and clinical judgement are not respected and the needs of the patients are not respected. I have gotten off the bus of working under the direction of corporate medicine.

If you wish to bill your own insurance (request reimbursement - or "pay you back") for my service as an out of network provider, I can offer you a one page billing statement which you can submit to your own insurance company. It's not hard to do, and I can teach you how to do this, but I won't do it for you.

That being said, for people who decide I am the doctor that they need in order to make the constructive changes in their lives that they want to see, they do not let my not "taking" insurance get in the way. They pay out of pocket because they realize that what I have to offer is the opposite of drive-by psychiatry.

By not "taking" insurance I am afforded the ease and unhurried quality time to spend with each individual patient. If I were to compromise, and "take insurance" I would have to see a larger number of patients for shorter periods of time, do a less personalized and less thorough quality of work with them. This is production driven medicine. If your doctor is grumpy, irritated and in a hurry and doesn't appear to be listening to you, it is because they are miserable and unhappy working in this production-driven medical setting.

In this model, the doctor has to rush through each patient visit as quickly as possible, in order to be able to afford to make up the revenue lost by needing to hire office staff to bill the insurance companies. This amounts to taking care of insurance companies and putting patients needs behind the needs for pursuit of financial profit.

In my experience, this form of high pressure, hurried, superficial production driven medical care (rushing through 20 or 30 folks a day so doctor can chase the insurance dollar) doesn't serve the needs of the patients.

The doctors aren't happy being forced to rush through each visit and that's why they seem irritable and like they are not listening. I worked in a fast food restaurant during high school and college and the similarities between working in fast food and working in a production driven clinic or hospital are striking. If you want fast-food drive by medical care, stick with your insurance company.

The insurance companies make their money by giving you less care. In order to make a profit, the insurance companies have an incentive to ensure that they collect more money from you on average, in the form of insurance premiums (what you pay them) than what they have to shell out, on average, to cover the costs of your medical care.

The more claims they deny, the more medical service they refuse to pay for, the more money they get to keep. This rips off patients and doctors alike. Instead of calling this system "managed care", it would be more accurate to call this "managed DON'T CARE".

Under the "managed care system" (or managed DON'T CARE system) you can count on getting lousy medical care from unhappy doctors who don't have time to give a crap about you. If they stopped and listened to you, they would be late for the next patient and then they will be punished for "falling behind" and "not getting the job done fast enough". No fun for doctors and terrible for patients.

What I offer is something different. I offer patient centered psychiatry. I won't see more than 5 to 8 patients in a single day, because I want to give each person my full undivided unhurried attention. The deep listening I offer my patients is unlike anything available in a big box clinic. I won't push people through my office in an effort to collect their fees. I make myself available to people in need through giving them the actual psychiatry attention that will be helpful to them because that is my true purpose in life.

I love what I do and I love seeing my patients bloom. To help this happen, I give them my full attention and enough time to listen deeply and really hear them. The doctor patient relationship itself has been shown by multiple studies to be a key factor in improved patient wellness and patient satisfaction.

So no, unfortunately, I will not take care of your insurance company or their needs. But I will take care of you. I hope you will schedule with me IF you feel I am the right fit for you.

I hope this answers your question and I'm sorry if this sounds like a lecture. I'm just so fed up with insurance companies and their nonsense in trying to dictate what and how doctors can take care of patients. I love my patients and I hate the insurance companies and how big medicine has wrecked American health care.

You may wish to look at the back of your insurance card, call them up and ask them to tell you which psychiatrist who are "in network" (psychiatrists who are contracted to accept patients who are enrolled with them, and willing to accept the terms and dictates of that insurance company)- get a list of these doctors and clinics, call them, going down the list, one at a time and ask, "are you accepting new patients?" If yes, by all means, make an appointment. If not, cross them off the list and keep going. It may happen that you get to the end of the list and can't find a doctor / psychiatrist able and willing to see you within a reasonable time frame.

If you find your insurance company does not have any in-network psychiatrists who have openings to see you, they are still obligated to cover your mental health needs, because they collected the money you paid them and agreed to cover your mental health care as part of your medical coverage.

Let your insurance company know you have gone through their list, no one is taking new patients, (if that is true) and now it's time for the insurance company to cough up the money and agree to reimburse you for your expense in seeing an "out of network provider" like me or another direct patient care doctor.

If you decide to put your mental health as a high priority and are willing to accept the responsibility of getting your needs met and to do the transactional work with your own insurance company (basically, submitting a one page form by placing it in the mail and expecting them to pay YOU not me) then yes, I will make an appointment available to you. I do require a credit card on file and I do charge \$400 for an intake session. For full time students, single parents and artists, this may be adjusted if they mention this to me ahead of time.

Follow up sessions cost much less than the initial session and that is because of the work and skill involved in the diagnostic assessment portion of the first visit. Without a good diagnosis, no treatment is ever going to be effective. By getting the diagnosis right, the treatment for the individual patient can be very targeted and indeed much more cost effective than what a more typical production driven psychiatric provider can offer you.

My fees for service are spelled out on my website. Please read these carefully before deciding if you want to schedule with me. If you decide I am a good fit for you, let me know. If not, I understand and I certainly wish you well on your journey. May you be happy, may you be healthy and may your life be filled with incredible ease!

Warmly, Dr Goldman

