Reimbursement

You can claim the invoice you receive after the session from your health insurer. Specific rules apply for this. The reimbursement you receive depends on your health insurer and policy. I work without contracts with health insurers. Information about reimbursement percentages for non-contracted care in 2024 per insurer can be found in this article from the Consumer Association.

Your “own risc” is always applicable.

For example: An intake session falls under diagnostics and lasts 90 minutes. The costs are as follows:

Diagnostics 90 min: € 259.01 A treatment session lasts 45 to 60 minutes. The planned time will be invoiced. The costs per treatment session are as follows:

Treatment 60 min: € 152.50 It's never entirely predictable how many appointments you'll need, but we'll discuss what is necessary and feasible.

It's wise to check with your health insurer in advance to know exactly what to expect in terms of reimbursement. For instance:

A pure restitution policy reimburses 100% of my fee. This is equivalent to the NZa rate (= the rate set by our government). This type of policy is not as common anymore. This page provides an overview of which providers still offer restitution policies. Sometimes, it might state that you have a restitution policy, but it's, in reality, a combination of restitution and a nature policy. These combined policies often only reimburse part of mental health care. For instance, it might state: reimburses 100% of the 'market value rate' (= a rate set by health insurers themselves). This is not a 100% reimbursement of my fee! Hence, you might still have to pay a co-payment. Your nature policy reimburses a percentage (ranging from 50% to over 80%) of your treatment. Article 13 of the Health Insurance Act stipulates that you are entitled to at least a 75% reimbursement of the 'market value rate' (determined by the health insurer). Not all insurers comply with this. You can appeal and negotiate with your insurer about this. As you can see, the differences in reimbursements are substantial, so it's crucial to be well-informed beforehand. Together, we can check via Eiswijzer which rules apply to you. You will likely pay a portion yourself.

At this moment, I've chosen not to enter into contracts with health insurers. The reason for my choice is explained at the bottom of this page.

It's essential to note that not all psychological problems are covered by the basic package of health insurance. Some diagnoses are excluded from coverage (e.g., work-related problems, relationship issues, adjustment disorders). Of course, treatment for these diagnoses is possible if you pay for it yourself. The same rates as for insured care apply (see below).

My rates follow the NZa rates; the NZa rate is the cost price set annually by the Dutch Healthcare Authority. You can download my rates here:

Treatment Rates 2023 [PDF]

Cancellation

If, unfortunately, you can't make it to the appointment, you can cancel it free of charge up to 24 hours in advance (via phone or email). If you don't cancel an appointment or don't do so within 24 hours, you'll have to pay a part of the consultation fee because I've reserved time for you that can't be filled by another client. You can read more about this in the rates file under the term "no-show". This is done through a separate invoice, as these costs cannot be claimed from the health insurer.

Contract-free Practice

My choice not to work with contracts with health insurers is based on the fact that health insurers unilaterally include turnover ceilings in their contracts. A turnover ceiling is the maximum number of clients a psychologist can treat per year. These turnover ceilings are often so low that clients are refused throughout the year, and this is one of the reasons for the significant increase in waiting lists. I believe it's crucial to keep the threshold for care low and therefore don't want the waiting list to be determined by the health insurer.

Moreover, I, of course, comply with all professional requirements as stipulated in the statutory regulations.

Separating from market dynamics, as expressed by the LVVP:

"The main reason why care providers work contract-free is the sense of autonomy over the practice, not being dependent on the various demands of the insurers. This allows more freedom to manage the practice as one

sees fit and allows the independent care provider to give more shape to their idea of quality."

"Healthcare in the Netherlands is regulated according to the principle of (regulated) market dynamics. This means that the choice to work contract-free can be seen as a statement that, as a care provider, you disagree with the current structure of healthcare. For instance, because you find the dominant position of the health insurers too substantial." There is an increasing number of care providers who work contract-free. More information can be found, for example, at:
https://contractvrijepsycholoog.nl/