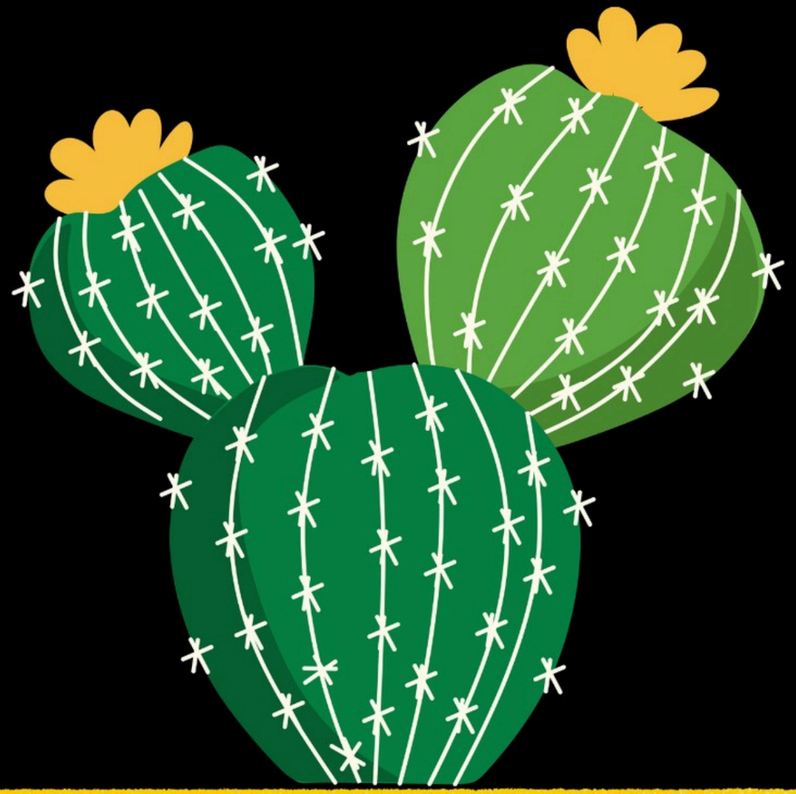
RE-WILDING
YOUR PRACTICE



RE-Wilding Relationships, PLLC

Malia Scott, LPC, CSCT, Educator &
Business Strategy Consultant for Therapists

FREE WEBINAR

RE-Wilding Your Practice: The Decision To Leave Insurance

WELCOME

Where are YOU right now?

A. Mostly insurance-based + exploring

B. Seriously considering leaving

C. Already reducing panels

D. Hybrid and considering full private pay

E. Already private pay but rebuilding my model

If you could change ONE thing about working with insurance, what would it be?

“What's the biggest thing keeping you from leaving?”

This webinar isn't about convincing you to leave insurance.

It's about helping you decide whether staying is still an intentional choice.

WEBINAR OBJECTIVES

By the end of this webinar, you will be able to:

1. **ASSESS** whether insurance is still financially, clinically, and professionally sustainable for your practice.

2. **EVALUATE** the ethical, financial, and business considerations involved in transitioning toward private pay.

3. **IDENTIFY** the foundational steps for creating a strategic, sustainable transition away from insurance dependence.

MOST THERAPISTS WEREN'T TRAINED TO RUN A BUSINESS.

We were trained to help people.

GRADUATE SCHOOL TAUGHT US:

Clinical Skills • Ethics • Diagnosis • Treatment Planning • Documentation

BUT RARELY:

Pricing • Profitability • Positioning • Marketing • Capacity • Business Models • Financial Sustainability

So many of us entered insurance networks for one simple reason:

"That's what therapists do." And somewhere along the way, we inherited an entire business model without ever consciously choosing it.

Until one day we ask: "WAIT... DID I ACTUALLY CHOOSE THIS?"

THE LANDSCAPE IS CHANGING

Last week, UnitedHealthcare recently announced expanded child & family behavioral coaching access for **13 million commercial members**.

Coaching ≠ psychotherapy or couples therapy

The delivery of behavioral health care is **evolving**.

And if your entire business is dependent upon insurance companies continuing to deliver clients to you in exactly the same way they have historically,
that's a business vulnerability.

THE GOLDEN HANDCUFFS

Therapists stay because insurance can provide something incredibly valuable: **CLIENT FLOW**

Insurance can reduce one of the hardest parts of private practice:
Finding people willing to pay you
But that convenience comes with tradeoffs

QUESTION: What are you exchanging for that client flow?

Time? Administrative labor?
Clinical autonomy? Income?
Energy? Flexibility?

Your Reimbursement Rate Is NOT Your Hourly Rate

Suppose reimbursement is:

$110/session

That session may also require:

Documentation. Claim submission. Claim reconciliation. Authorization Billing problems. Eligibility verification. Audits. Credentialing. Unpaid communication. Administrative support

$110 ÷ 65 minutes × 60 minutes = $101.54/hour

And that's before overhead, taxes, unpaid cancellations, credentialing headaches, claim issues, etc.

QUESTION: How much time & energy does it actually take your business to generate that $110?

THE INSURANCE VOLUME TRAP

LOWER REVENUE PER SESSION → MORE SESSIONS → LESS CAPACITY

Lower reimbursement

↓

Need more sessions

↓

Higher caseload

↓

Less administrative capacity

↓

Less clinical energy

↓

Less time to develop specialization

↓

Less time to market

↓

Dependence on insurance referrals

This is where therapists can accidentally build a practice they can't escape.

FULL IS NOT THE SAME AS PROFITABLE

A therapist can have:

30 clients a week and still feel financially stressed.

Meanwhile another therapist may see:

15–20 clients and generate similar or greater revenue.

The question ISN'T:

"How full is your caseload?"

The question IS:

How profitable and sustainable is your practice?

THE ETHICS QUESTION:

BUT ISN'T PRIVATE PAY UNETHICAL?

This is probably the deepest objection therapists carry.

We entered a helping profession.

So money can activate:

Guilt

Shame

Fear of appearing greedy

Fear of abandoning clients

Fear of becoming inaccessible

Fear of betraying our professional identity

Access Is an Ethical Value. Sustainability Is Too.

Ethical practice does not require one therapist to personally meet every client's access needs.

Ethical practice includes thinking seriously about:

Competence. Continuity of care.
Client welfare. Financial transparency.
Appropriate referrals. Avoiding abandonment.
Your own capacity to practice effectively.

What happens to client care when the therapist is chronically overworked, financially anxious, resentful, or burned out?

Access Can Be Designed

Possible practice structures:

Full private pay - Hybrid insurance/private pay

Gradual panel reduction - Limited reduced-fee spots

Group therapy - Workshops

Courses - Intensives

Superbills/out-of-network reimbursement

Community referrals - Pro bono allocations

You can intentionally design accessibility instead of allowing an insurance contract to define accessibility for you.

Private Pay Doesn’t Mean NO RULES

Leaving insurance does not eliminate:

Licensing requirements. Documentation.
Informed consent. Privacy requirements.
Record keeping. Ethical responsibilities.
Billing transparency.
And applicable federal/state requirements.

For example, federal Good Faith Estimate rules generally require providers to give uninsured or self-pay patients an estimate when care is scheduled sufficiently in advance or when the patient requests one. CMS also provides a patient-provider dispute process when billed charges are at least $400 above the estimate.

Private Pay is NOT freedom from compliance.
It means greater control over your business model while maintaining your professional obligations.

DON’T MAKE THE DECISION ON EMOTION ALONE

RUN YOUR NUMBERS

Current average reimbursement
Private-pay target rate
Weekly clinical capacity
No-show rate
Monthly overhead
Taxes
Benefits
Retirement
PTO
Marketing costs
Administrative time
Desired annual income

The Caseload Equation

Example only:

Insurance: 25 sessions × $110 = $2,750/week

Private pay: 15 sessions × $185 = $2,775/week

This isn't an argument that everyone can immediately charge $185.
It's an argument that your business model dramatically affects
the number of clinical hours required to generate your income.

That's the mindset shift.

But What If Nobody Pays Me?

Example only:

This is usually where the conversation stops being about insurance.

What is the REAL question UNDERNEATH that?

Will people choose me?
Am I good enough?
Am I specialized enough?
Can I market myself?
Can I actually run a business?
What if my caseload disappears?
What if I fail?

Insurance may not just be paying your claims.
Insurance may be protecting you from having to answer those questions.

Private Pay Requires Something Different From You

You cannot simply:

Leave insurance + raise your fee = successful private-pay practice.

What you have to get GOOD at:

Positioning.
Specialization.
Consultations.
Messaging.
Marketing.
Client experience.
Referral relationships.
SEO/AI Search.
Financial management.
Business strategy.

Stop Selling Therapy

People don't wake up thinking:

“I would like 90837 psychotherapy today.”

They are experiencing:

“My anxiety is controlling my life.”
“My trauma responses are getting worse.”
“My teenager is struggling.”
“My marriage is falling apart.”
“We haven't had sex in a year.”

Your marketing needs to communicate:

THE PROBLEM YOU HELP SOLVE.

Not simply:

THE MODALITY YOU PRACTICE.

THE RE-WILDING TRANSITION ROADMAP

Transition. Don’t Detonate.

STEP 1 - AUDIT

Know your numbers.

STEP 2 - DECIDE

Determine which panels actually work.

STEP 3 - POSITION

Clarify who you serve and why someone would specifically seek you out.

STEP 4 - BUILD DEMAND

Strengthen website, SEO, referrals, consultation conversion and visibility.

STEP 5 - TRANSITION

Reduce dependency gradually.

STEP 6 - MEASURE

Track inquiries, conversions, retention, revenue and caseload.

5 QUESTIONS TO ASK YOURSELF

WRITE THESE DOWN

If nothing changes, do I want my practice to look like this three years from now?

What does insurance give me that I genuinely value?

What does participating with insurance cost me financially, administratively and clinically?

Am I staying because the model works—or because leaving scares me?

What would my practice look like if I designed it intentionally from scratch?

You don't need to decide today that you're leaving insurance.
But I want you to stop assuming that staying is the neutral decision.

Staying is a decision too.

RE-WILDING YOUR PRACTICE

The Insurance-to-Private-Pay

Readiness SCORECARD

Score Yourself 1-5

Financial Satisfaction	Referral Dependence	Business Systems
Admin burden	Marketing Confidence	Readiness for change
Clinical Autonomy	Private Pay Demand	
Caseload Sustainability	Specialization	
Burnout	Financial Runway	

Mostly 1–2: Stay & strengthen.
Mostly 3: Build & prepare.
Mostly 4–5: Ready to transition.

RE-WILDING YOUR PRACTICE

YOU DON'T HAVE TO BURN DOWN YOUR PRACTICE.

You need to decide what you're building next.

My goal isn't to convince every therapist in this room to leave insurance.
My goal is to make sure that if you stay, you stay intentionally.

And if you leave, you don't leave recklessly.
You leave with numbers. You leave with strategy.
You leave with an understanding of your ethics and responsibilities.
And you leave with a business capable of supporting both the people you serve and the life you are trying to build.

Re-Wilding Your Practice: The Decision To Leave Insurance
8-Week Intensive
Applications are OPEN

Knowing You Want Something Different Isn't the Same as Knowing How to Build It

This is exactly why I created
Re-Wilding Your Practice -
Business Strategy Support for Therapists
Implementation rather than education.

8 Week Cohort Intensive

Sept 10 - Oct 29, Thursdays - 12-2pmCST on Zoom

Working through:

Your numbers - Your fees - Your ideal caseload
Your niche - Your positioning - Your website/message
Referral strategy - Private-pay consultations
Insurance transition strategy - Ethical considerations
Business systems - Your actual transition plan

Re-Wilding Your Practice
8 Week Cohort Intensive
Sept 10 - Oct 29, Thursdays Noon-2pmCST

--- Investment / Business Consultation Expense ---

$1,295 paid in full or

3 payments of $499

***** Early Bird Through Sept 1 *****

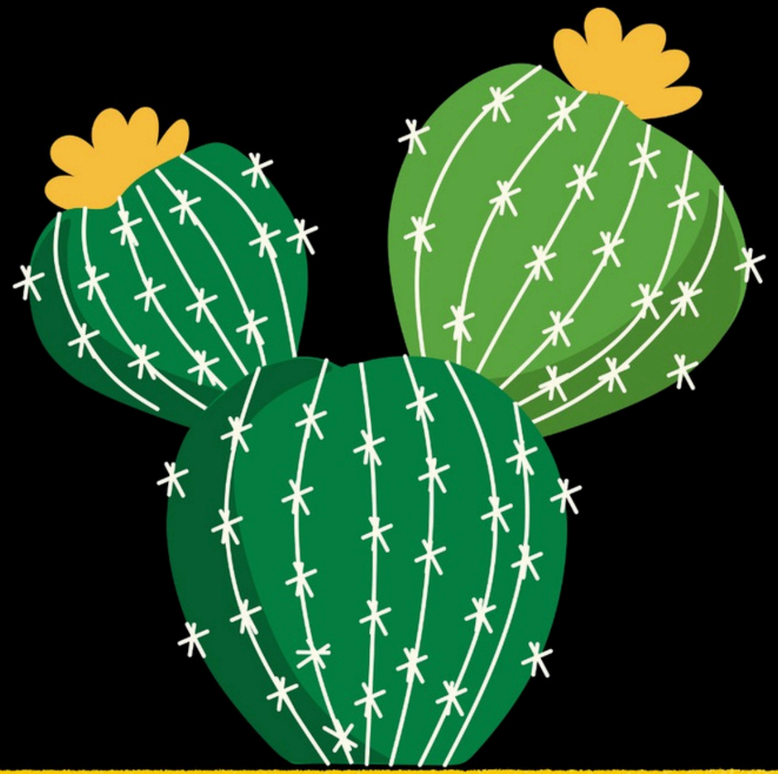
$1,095 paid in full

Includes

1 - private 30-minute Transition Strategy Session with Malia

Q & A

RE-WILDING YOUR PRACTICE



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Thank you for being here.

Thank you for taking the time to consider what's best for your WHAT'S NEXT.

Questions?
Email malia@therapywithmalia.com

www.rewildingrelationships.com/for-therapists