

Information on Insurance Coverage of Psychotherapy Fees:

Insurance usually reimburses a partial amount of the fee for psychotherapy. The first 10 sessions this happens free of granting (except for VAEB: 5 sessions), before those 10 sessions end, a request must be sent to your insurance. This request will be filled out by me in cooperation with you, within the first sessions. Afterwards you will be sending it to your insurance together with a referral from your GP or psychiatrist.

The following is to be noted:

The referral must be dated before the 2nd session (but can not be older than one month). The GP does not need to make a diagnosis, but just needs to write informally, that the medical procedure necessary for psychotherapy has taken place.

The coverage must be granted by insurance before the 11th session, therefore please make sure to send the GP's OR Psychiatrist's referral together with the psychotherapists application for granting to your insurance as soon as possible after your therapist gave it to you.

Depending on insurance company different sums will be refunded:

- Sozialversicherungsanstalt der Bauern (SVB) / Kostenzuschuss: € 50,00
- Versicherungsanstalt öffentlich Bediensteter & Eisenbahner (BVAEB) / Kostenschuss: € 42,40
- Krankenfürsorgeanstalt der Bediensteten der Stadt Wien (KFA) / Kostenschuss: € 28,00
- Sozialversicherungsanstalt der gewerblichen Wirtschaft (SVS) / Kostenschuss: € 45,00
 - Österreichische Gebietskrankenkassen (ÖGKK) / Kostenschuss: € 31,50
- Betriebskrankenkassen (BKK) Austria Tabak und Wiener Verkehrsbetriebe / Kostenschuss: € 28,00