Insurance Verification Cheat Sheet:

Understanding Your Out-of-Network Benefits

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How to Verify Your Benefits:

1. **Locate Your Member Services Number:** Find the "Member Services" or "Customer Service" phone number on the back of your insurance card.
2. **Call Your Insurance Company:** Explain that you are seeing an out-of-network mental health provider and would like to understand your reimbursement options.
3. **Ask the Following Key Questions:** Be sure to write down the answers, including the date of your call and the name of the representative you spoke with.

Key Questions to Ask Your Insurance Provider:

1. Do I have out-of-network benefits for mental health services (outpatient psychotherapy)?
    a. If yes, proceed to the next questions. If no, you likely will not be reimbursed for sessions.
2. What is my out-of-network deductible?
    a. A deductible is the amount you must pay out-of-pocket before your insurance begins to cover costs.
3. How much of my deductible has been met this year?
4. What is the reimbursement rate (or percentage) for out-of-network psychotherapy sessions?
    a. This is often expressed as a percentage (e.g., "We cover 60% of the allowed amount").
        i. Specifically, what is the reimbursement rate for CPT codes:
            1. 90791 (Intake/Assessment psychotherapy session)
            2. 90837 (60-minute psychotherapy session)
            3. 90834 (45-minute psychotherapy session)
            4. 90832 (30-minute psychotherapy session)
5. Is there a limit on the number of out-of-network psychotherapy sessions covered per year?
6. Do I need a referral or pre-authorization from my primary care physician to receive out-of-network mental health services?
    a. Some plans require this, so it's important to confirm.
7. What is the process for submitting claims for out-of-network reimbursement?
    a. Do I need a specific form? Where do I send the superbill? Can I submit online?
8. What is the timely filing limit for submitting claims (i.e., how long after the session do I have to submit the superbill)?

Important Considerations

- **"Allowed Amount":** Insurance companies often have an "allowed amount" for a service, which may be less than your therapist's fee. Your reimbursement percentage will be based on this allowed amount, not necessarily the full fee you paid.
- **Payment is Due at Time of Service:** Regardless of your insurance benefits, payment for your sessions is due directly to Zoe Mental Wholeness Clinic at the time of service.
- **Reimbursement is Not Guaranteed:** While we provide all necessary documentation (superbills), we cannot guarantee reimbursement from your insurance company. Reimbursement depends entirely on your individual plan and benefits.

Disclaimer

This guide provides general information and should not be considered a substitute for professional advice. Insurance policies vary widely, and it is your responsibility to verify your specific benefits with your insurance company. Always confirm details directly with your insurance provider as benefits and policies can change.

Summary

This guide has provided a step-by-step process for verifying out-of-network insurance benefits, highlighting key questions to ask and the importance of documentation. Understanding your OON benefits empowers you to make informed decisions about your healthcare and manage your costs effectively. Remember to always verify your specific benefits directly with your insurance provider for the most accurate and up-to-date information.