

Verifying Out-of-Network Insurance Benefits:

The standard rate for those who will submit for out of network reimbursement from their insurance company is \$145/55 minutes and is due at the time of service. Use the following questions to verify whether you have out-of-network (OON) insurance benefits and what the details of those benefits are. Here are the steps to take:

1) Call the member services number on the back of your insurance card.

2) Ask the following questions and record on this handout for your reference:

- Does my plan cover OON outpatient mental health services?
 - If yes:
 - How many sessions are allowed? _____
 - Are there limits or restrictions to my coverage (who I can see, where I can see them, etc.)? _____

- Do I need to get authorization first? If yes, how do I do that? _____

- Do I have an OON deductible I have to meet before those benefits kick in?
 - If yes:
 - What is my OON deductible? _____
 - How close am I to meeting that deductible? _____
- What percentage of OON outpatient mental health services does my plan cover? _____
 - Will I be reimbursed this percentage of my provider's fee? Or will I be reimbursed this percentage of the amount my insurance identifies as the "valued amount" for service? (i.e. my OON coverage is 50%. My provider's fee is \$100, but my insurance values the service at \$50. Will I be reimbursed \$50? Or will I be reimbursed \$25?)

- What is the process for submitting superbills? How am I reimbursed?

