

## Questions about out-of-network benefits

Ask your health insurance company the following questions to understand how much of sessions they will reimburse:

- What is my **out-of-network deductible** for outpatient mental health visits?
- **How much of my deductible** has been met this year?
- Is there a limit on the number of sessions your plan will cover per year?
  - If Yes, How many?
- What is my **out-of-network coinsurance** for outpatient mental health visits?
- Do I need a **referral** from an in-network provider or a primary care physician to see someone out-of-network?
- How do I **submit claims** for out-of-network reimbursement?

### **Submit a claim to receive out-of-network reimbursement**

When requested, I will send you a superbill on an agreed upon amount of time (typically monthly but that can change). This is like a receipt or invoice for all your sessions that also indicates the diagnostic code you can use to submit claims to your insurance company for reimbursement. You can then mail this to your insurance company (typically via snail mail but some insurances offer an online portal or email option as well) and receive the reimbursable amount via check.

Do not be shy to ask me to help you understand how it all works – that's part of my job, too!