



Tips for using Out-of-Network Benefits

This guide is to help you navigate your insurance plan to determine if you have Out-of-Network benefits. This guide is for your use only, our clinic does not need this information from you.

Our clinic is Out of Network:

We do not accept insurance, but can provide you with a superbill for you to submit to your insurance if you have out of network coverage.

You can use this online calculator to find out details about your out of network insurance plan:

<https://www.meetnirvana.com/reimbursement-calculator>

How to find out if you have out of network benefits:

1. Call the member phone number on your insurance card.
2. Ask for information about out of network benefits for behavioral health services (some insurances have it grouped together with Medical - but most have it as its own "Behavioral Health" category).

Questions to Ask:

1. Do I have Out-of-Network Benefits?
 Yes No

*****If you answered, no. This means you do not have Out-Of-Network Benefits, and do not need to complete the remainder of this worksheet, as it will not apply. This means none of your fee will be covered by your insurance company.*****

2. Do my out-of-network benefits cover routine outpatient mental health services (also known as behavioral health)?
 Yes No
3. My therapist uses the following CPT codes, can you tell which are covered? * If Prior Authorization is required, please get details.

CPT Code	Covered	Not Covered	Requires Prior Authorization
90791			
90837			
90834			
90832			
90839			
90840			
90847			



Details about prior authorization requirements:

4. Do I have a deductible? If yes, how much is the deductible? (a deductible is the amount you will pay out of pocket before your insurance company will provide reimbursement)

Yes: \$_____ No

5. How much does my plan cover? (This might be called your coinsurance, or member cost-share. It is often calculated on a percentage basis).

6. Does that cover the full billed charges or the insurance company's allowable amount?

Full billed charges Allowable Amount (Enter the allowable amount here: \$_____)

7. Will Telehealth be covered if I use my Out-of-Network benefits?

Yes No

Does my provider have to use a special Telehealth platform to obtain reimbursement?

Yes No

Additional Notes:

8. How do I submit the claim?

9. Do I need a special form to submit along with my Superbill?

Yes No

Space to copy the URL if available online:

10. How will I be reimbursed?



11. Can I get your name and a reference number for this call?

Some additional tips

- Some insurance companies will try to encourage you to use an in-network providers before giving you information. As you know, you are welcome to find an in-network provider, and they should be able to provide you with a list of current in-network providers.
- However, it is your right to use your OON benefits. You generally should not have to provide details about why you want to use your OON benefits. Insurance companies must provide you with the details of your benefits, including answering the specific questions on this form.
- It could be helpful to getting your claims processed/approved to provide some basic details about why are seeking to work with me over another provider (eg. you have been referred for a specific treatment modality or specialty; you cannot find an in-network provider, etc).
- If you feel the representative does not know how to help you, or is withholding benefit information, you can ask to speak to another representative. Please note, we do not offer Single Case Agreements. Our clinic should not have to provide anything to the insurance company for your claims to be accepted.
- Recently, some insurance companies are no longer covering Telehealth for OON benefits, or they want providers to use a certain Telehealth platform that requires contracting.