



Out-of-Network Insurance Benefits Worksheet

This worksheet is designed to help you get information you need from your insurance company to assist you with filing an out-of-network (OON) claim for reimbursement using a superbill.

What is a superbill?

A superbill is a monthly invoice provided by a therapist to the client. This includes information about the therapy services provided including diagnosis. A client pays the therapist directly for services and then submits the superbill to their insurance company for reimbursement.

How do I get reimbursed by my insurance company?

It is very important to contact your insurance company BEFORE starting therapy to make certain that your sessions will be reimbursed. Some insurance companies have restrictions around their OON benefits. This worksheet will help you to collect the information you need from your insurance company to determine if your therapy sessions will be reimbursed.

Provider Information Often Requested by Insurance Companies

Type of Contract: Out-of-network provider

Type of Provider: AMFT (Registered Associate Marriage and Family Therapist); Riley J. Morgan, AMFT 122573

Type of Service: See CPT code numbers provided on the second page of this document

Address of Service: Online Psychotherapy (Headquartered in Newport Beach, CA 92660)

Provider NPI Number: 1437758349

Provider's Supervisor: Arthur Ellis Holden Jr., PhD, PSY 9379

Provider's Supervisor's NPI Number: 1558698407

Questions to Ask Your Insurance Company

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 me which of these are covered?

* If Prior Authorization or session notes are required, please get details as insurance companies may want your session notes (especially for CPT code 90837 which provides a full session) or for you to call for prior authorization for the reimbursement claim to be accepted and processed.

CPT Code	Covered	Not Covered	Requires Prior Authorization or Session Notes
90791			
90837			
90834			
90839			
90840			

Details about prior authorization/session notes requirements: _____

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

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 allowable amount here: _____

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

- Yes***
- No (**NOTE:** If telehealth is not covered, this means none of your fee will be covered by your insurance company as all therapy will be conducted using telehealth.)

***** If yes, does my provider have to use a special Telehealth platform to obtain reimbursement?**

- Yes (**NOTE:** I use the Simple Practice telehealth platform which is HIPAA secure. If another platform is required by your insurance company, this means none of your fee will be covered by your insurance company as all therapy will be conducted using Simple Practice.)
- 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

Copy the URL here if the form is available online. (You are responsible for completing any additional forms. I will only be providing the superbill.)

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 provider before giving you information. 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 you are seeking to work with me over another provider. (For example, you have been referred for a specific treatment modality or specialty of mine, 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, I do not offer Single Case Agreements that would contract me with the insurance company. I only provide you with the superbill through the client portal.
- Some insurance companies are no longer covering Telehealth for OON benefits, or they want providers to use a certain Telehealth platform that requires contracting with them.
- If you are still having trouble getting this information, talk to your HR representative.