

Guidelines for Verification of Out of Network Benefits

1. Call your PPO or IPO Network. Usually you can get the information you need from the Member Benefits Number on your Insurance card (usually an 800 number).
2. If there are any prompts for departments, you want eligibility. Once you reach a live network representative, ask him/her if you have “Out of Network Benefits for Outpatient Mental Health Coverage”.
No. You are not covered
Yes. Find out about your coverage....go to #3.
3. Inquire for reimbursement amount by asking the following questions:
 - ÿ “What percentage of usual and customary fee do you reimburse?” (Most companies will only answer this question, by giving you the %, not the actual reimbursement amount. My fees are within the usual and customary range).
 - ÿ Do I have a deductible amount that needs to be met first? Yes, then ask how much your deductible is and if you have met any portion of it already. Ask how much. Also, ask when your deductible year begins. It’s usually the beginning of the year, but not always.
 - ÿ Is there a limit to the number of sessions I am covered for out of network benefits?
 - ÿ Am I covered for individual, couples/marital, and family therapy?
 - ÿ Do you require any additional information besides a superbill?
4. Finally, inquire about the mailing address to send the Superbill to. I will provide a Superbill at the end of each month, which will include the following information for the insurance company, as required:
 - ÿ Date and type of service
 - ÿ CPT Code for the service
 - ÿ Axis I Diagnosis Code
 - ÿ Length of Service
 - ÿ Charge for service and Payment for service
 - ÿ Your name and address
 - ÿ My name, professional licensure, address, telephone number, national provider identification number, and my tax id number.