AFFINITY PATHFINDER

CLIENT RESOURCE

How to Use Out-of-Network Benefits

A Client's Guide to Reimbursement for Private-Pay Therapy

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I am an out-of-network provider for your insurance plan, however you may still be eligible for **partial reimbursement** for therapy services. This process is commonly called using **Out-of-Network (OON) benefits**.

Upon request, I'm happy to provide you with a **statement of services (aka a superbill)** that you can submit to your insurance company.

Here's how to find out what's covered and how to seek reimbursement:

Step 1: Contact Your Insurance Company

Call the number on the back of your insurance card and ask about **out-of-network benefits for outpatient mental health services**. Here are some helpful questions:

Questions to Ask:

1. **Do I have out-of-network benefits for outpatient mental health or behavioral health services?**
2. **What are my routine behavioral health care benefits?**
3. **Do I need a referral or prior authorization from my primary care provider to access these benefits?**
4. **What is my deductible, and have I met it yet?**
5. **After I meet my deductible, what percentage or amount will you reimburse for sessions with an out-of-network provider?**
6. **What credentials must my therapist have in order for me to be reimbursed?** (*My therapist is a Licensed Marriage and Family Therapist, or LMFT.*)
7. **How many sessions are covered per year, and is there a maximum reimbursement limit?**
8. **Are telehealth/virtual therapy sessions covered?**
9. **What is the deadline for submitting an out-of-network claim or superbill for reimbursement?**

Step 2: Pay for Your Therapy Session

You'll pay me directly at the time of service. The full session fee is due regardless of insurance reimbursement status.

Step 3: Request a Superbill

I can provide you with a **superbill**, which includes:

- Your name and date(s) of service
- Diagnosis code (required by insurance, we can discuss what this means)
- Procedure/CPT code (such as 90837 for individual therapy)
- My name, credentials (LMFT), license number, and NPI number
- The amount you paid

You may request superbills after each session or monthly, depending on your preference.

Step 4: Submit to Your Insurance

Most insurance companies accept claims:

- Through your **member portal** (upload the superbill)
- By **mail** with a completed claim form
- Using a third-party app like **Reimbursify** (some fees may apply)

Be sure to include any required **claim forms**, which can typically be downloaded from your insurance's website.

Keep copies of everything you submit for your records.

Step 5: Receive Reimbursement

After processing your claim, your insurance company will:

- Send you an **Explanation of Benefits** (**EOB**) showing what was covered
- Mail you a **reimbursement check** or issue **direct deposit**

Processing times vary, but reimbursement usually arrives **within 2–6 weeks**.

Tips & Reminders

- Claims must often be submitted **within 90 days to 12 months** of the session. Be sure to ask your insurer about deadlines.
- Submitting monthly keeps you organized.
- Let me know if you need help understanding your EOB or completing your claim form.
- Not all plans reimburse the same amount. Reimbursement is between you and your insurance company.

You're investing in your mental health, this guide can help you receive the support you're entitled to. Please let me know if you have any questions. I'm here to help.

Questions welcome, any time.

If any of this is confusing once you're on the phone with your insurer, reach out and we'll sort it out together.

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