



## Tips for using Out-of-Network Benefits

If you have Out-of-Network benefits, this sheet is designed to help you help you get the information you may need to submit a claim on your own behalf.

It's often easiest to call your insurance company for this information. You can find the number on your insurance card. Keep your insurance card on hand, as well as information about the primary insured and their employer.

We created this form as a place to record all the information, you are welcome to print it out, or type right into the form. You can access it at any time in your portal account.

### 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 are covered?

CPT Code	90791	90837	90834	90832
Covered:				
Not Covered:				
Prior Auth:				

### 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 companies allowable amount?

Full billed charges:

Allowable Amount:

Estimated allowable amount:

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?

8. How do I submit the claim?

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

10. How will I be reimbursed?

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

**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 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. I 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.

If you are still having trouble getting this information, talk to your employer/HR representative. You can also find additional information and help through NYS Department of Financial Services: [https://www.dfs.ny.gov/consumers/health\\_insurance/your\\_rights\\_as\\_a\\_health\\_insurance\\_consumer](https://www.dfs.ny.gov/consumers/health_insurance/your_rights_as_a_health_insurance_consumer)