

Tips for using Out-of-Network Benefits

If you have Out-of-Network benefits, this sheet is designed to 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.

You can use 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?

Circle one: 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 fees 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)?

Circle one: Yes/No

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			

Details about prior authorization requirements

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

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

Does that cover the full billed charges or the insurance company allowable amount?

Full billed charges? Yes/No

Allowable Amount? _____

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

Circle one: Yes/No

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

Circle one: Yes/No

Additional Notes:

How do I submit the claim?

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

Circle one: Yes/No

Where is it? Link?

How will I be reimbursed?

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 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 get 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 the NYS Department of Financial Services: https://www.dfs.ny.gov/consumers/health_insurance/your_rights_as_a_health_insurance_consumer