



NAVIGATING SUPERBILLS

Using Your Out-of-Network Insurance Benefits

Many insurance policies offer out-of-network benefits to help offset the cost of private pay therapy. In order to access these benefits, you have to submit a superbill to your insurance.

What is a superbill, and how does it work?

Superbills are essentially receipts for therapy that include your demographic information (e.g., name, DOB), the type of service received (e.g., individual therapy), the cost of services, and a formal mental health diagnosis.

You're responsible for the full payment for therapy sessions upfront. After each session, your therapist will provide you with a superbill that you can submit to your insurance provider.

The terms of your insurance plan will determine whether you will be reimbursed, for how much, and when. To avoid unwanted surprises, it's always recommended that you obtain this information prior to deciding whether to pursue out-of-network therapy.

How do I figure out what my out-of-network benefits are?

Unsure of how to navigate that conversation, or uneasy about the challenges of communicating with insurance providers? The following questions are helpful to ask:

1. Does my plan offer reimbursement for **out-of-network providers** for outpatient mental health?
2. Do I have an **out-of-network deductible** that must be met before these benefits kick in?
3. What's my **out-of-network coinsurance** for outpatient mental health?
**Coinsurance is the % of the cost of each session that you'll be responsible for, even after your deductible has been met.*
4. Do I need a **referral** from an in-network provider to be eligible for these benefits?
5. How do I **submit claims for reimbursement**, and what is the reimbursement schedule?

Additional questions about superbills?

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