

How to check your insurance plan's out of network benefits

BEFORM PT'S CHECKLIST

We are considered an out-of-network (OON) provider for most major insurance companies and can provide you with a "superbill" for each of our sessions to go towards your OON deductible/reimbursement. Each of our clients is responsible for submitting their superbill to their insurance carrier directly.

We also accept FSA/HSA!

STEP 01

Call the member services number on the back of your card

Speak with a customer service representative to ask them if you specifically have "out-of-network benefits" as not all plans have out of network coverage.

Once you clarify if your plan has out of network coverage, specifically ask if your plan has out of network benefits/coverage for physical therapy. Example: "Just clarifying that this out of network benefit coverage will include physical therapists and physical therapy providers"

STEP 02

Ask about your deductible and any out of pocket maximum payments for your plan

Ask the representative what your deductible is specifically for out-of-network providers. A deductible is the amount a member must pay (regardless of where you go for care) out of pocket before insurance will cover anything. Some plans have one deductible, some plans have an in-network deductible and some have an out-of-network deductible. Deductibles vary in their amounts.

Also clarify with the representative what your out-of-pocket maximum may be. The out-of-pocket maximum is the absolute max amount of money you will pay annually. This typically includes all fees and co-pays beyond the deductible. Clarify if out-of-network services provided go toward your out-of-pocket maximum, how much of your out-of-pocket max is each year, and how much you have currently met.

STEP 03

Ask about reimbursement and how to submit the claim to the insurance provider

As an out-of-network provider, we are unable to bill insurance directly. This means the client will pay a flat rate at time of service. Most out-of-network benefit plans will reimburse the client between 50-100% of their claim. You want to ask the representative what percentage of the claim they will reimburse.

Additionally, you want to gather the information they need included to reimburse you. Ask the representative what documentation they need to submit. Typically, this is the "superbill" which is a specialized itemized receipt with the billing codes needed. Clarify if they would like an additional documentation, such as a W-9.

Lastly, ask where they would like the documentation submitted (via mail, fax or portal upload), how long it takes to process the claim and the expected timeline to receive your check.

STEP 04

Collect the call information to reference

You will want to collect the name of the representative you spoke to, gather a reference number for the call, and document the date, time and information received for your records.



SUBMIT

