

This information is provided as a courtesy to support you in verifying whether your insurance plan offers out of network coverage. Using this script does not guarantee reimbursement for services or the information provided by your insurance company.

- **Check your out-of-network benefits.** These are typically in the Summary of Benefits that is included in a member information packet or on your insurance company website.
- **Call your insurance company to verify.** Do not skip this step! The best way to be absolutely sure of your benefits is to call your insurance company member services line—this number is often on the back of your insurance card. Sometimes there is a separate phone number for mental health (or behavioral health), and this is usually the number you want to call. Ask the insurance company:
- What is my out-of-network deductible for outpatient mental health? Is this separate from my in-network deductible?
- How much of my deductible has been met this year?
- What is my out-of-network coinsurance for outpatient mental health? Or at what rate will I be reimbursed for out-of-network services?
- Do I need a referral from an in-network provider to see someone out-of-network?
- How do I submit claim forms for reimbursement? How long after the date of service do I have to submit the superbill?
- Submit superbill per your insurance plan's instructions.
- Receive reimbursement! You'll need to pay your therapist their entire session fee at the time of service, but depending on your specific plan, your insurance company will mail you a check to reimburse a portion of the cost.