

How To Submit an OON Claim to Insurance for Reimbursement

Submitting an out-of-network claim for reimbursement involves several, easy steps, and we are happy to guide to through the process:

Step 1: Understand Your Insurance Policy

- **Review Benefits:** Check your insurance policy to understand your out-of-network benefits, including deductible amounts, co-insurance, and reimbursement rates. If you are unsure or have questions, call your insurance provider for clarification on coverage and claims procedures.

Step 2: Obtain Necessary Documentation

- **Download Your Superbill:** Download your itemized Superbill monthly or at your convenience, which should include the required details about the services rendered, diagnoses, dates, fees, provider Tax ID and NPI numbers that insurers require.

Step 3: Complete the Claim Form

- **Download Claim Form:** Visit your insurance company's website to download the out-of-network claim form, or request one from customer service. Complete the form accurately, which may require:
 - Patient's information, including insurance ID number and name of insured
 - Provider's information, including name and office location
 - Dates of service
 - Type of service received
 - Total amount charged

Step 4: Submit the Claim

- **Check Submission Guidelines:** Follow any specific submission guidelines provided by your insurer, including preferred submission methods (online, mail, fax).
- **Send the Claim:** Submit the completed claim form and Superbill. Most insurance companies have a “portal” in which you can submit out-of-network claims. If mailing, consider using certified mail for tracking.

Step 5: Follow Up

- **Track the Claim:** Keep a copy of all documents submitted and note the date you sent them. A spreadsheet can be a useful tool for tracking dates and what documentation has been sent and received.
- **Contact Insurer:** Follow up with your insurance company after a 6-8 weeks to check on the status of your claim. Have your claim number or dates of service handy for reference.

Step 9: Keep Records

- **Document Everything:** Maintain a detailed record of all communications, submissions, and responses related to your claim for future reference.

FINAL TIPS

- **Be Patient:** The claims process can take time. Stay organized and persistent.
- **Seek Help:** If you encounter difficulties, consider asking for assistance from your healthcare provider's billing office or a patient advocate.

Following these steps can help streamline the process and improve your chances of successful reimbursement.

Note for those with High Deductible Plans: Sometimes clients report that they have a high deductible plan, so that it is not worth submitting Superbills, as they will not receive reimbursement. However, *it can still be beneficial to submit the claims* in order to be applied toward your deductible, which may allow these or other claims to be eligible for reimbursement later in the year.

Need Help?

The process of submitting claims is generally not complicated, however, if the process seems daunting, there are several companies that assist clients seeking reimbursement:

1. Thrizer's Client-Only Service (link on word on website):
<https://www.thrizer.com/for-clients>
2. Reimbursify (link on word on website):
<https://reimbursify.com/individual-page/>

These companies can help clients and therapists by verifying your coverage, guiding you through the reimbursement process, interfacing with your insurance company, and reducing the time spent on administrative tasks.

Disclaimer: Please note that while clients are welcome to use these programs for their reimbursement process, Bridges Therapy and Wellness Center does not endorse or work directly with any of these companies.