



OUT-OF-NETWORK BENEFITS PROCESS

Medical Revenue Cycle Specialists'
Step-by-Step Guide to Out-of-
Network Benefits

STEP 01

CONTACT YOUR INSURANCE

Call the customer service number on the back of your insurance card.

STEP 02

QUESTIONS TO ASK

1. What are my out-of-network benefits?
2. What is my deductible?
3. Once I meet my deductible, what is my coinsurance?
4. What is the process for getting reimbursed?
5. Do my out-of-network benefits cover telehealth visits?
6. Do I need a referral from an in-network provider to see someone out-of-network?

STEP 03

BILLING

You will be reimbursed a portion of the fees by your insurance provider by submitting a superbill to your insurance carrier. Your healthcare provider can provide you an invoice or superbill with practice and visit details that you will need to enter into your Insurance member's portal or fax or mail to them for review. You may also need to upload a receipt for proof of payment. The Superbill details how many sessions you've had and practice details that will be needed for reimbursement.

STEP 04

REIMBURSEMENT

After paying your healthcare provider at the time of service and submitting your superbill, your insurance company will mail you a check to reimburse a portion of that cost. Completing steps 1 and 2 will give you the details of this reimbursement amount.

