

Understanding Out-of-Network Reimbursement

A simple guide for private-pay clients

To provide the highest level of specialized trauma care—without the clinical restrictions often imposed by insurance companies—my practice operates on a **Private Pay (Out-of-Network)** basis.

Payment is due at the time of service. Most clients, however, are able to receive **60–80% reimbursement** of their session fee through their Out-of-Network benefits.

This guide walks you through the process in three simple steps.

Step 1

Verify Your Benefits

Call the member services number on the back of your insurance card and ask:

- 1 “Does my plan reimburse for out-of-network behavioral health providers?”
- 2 “What is my out-of-network deductible, and has it been met?”
- 3 “What is the allowed amount or reimbursement percentage for CPT code 90837 (60-minute individual psychotherapy)?”

These answers will give you a clear picture of what your plan may reimburse.

Step 2

My Support: Your Superbill

At the end of each month, I will provide you with a **Superbill**—a specialized receipt that includes everything your insurance company needs to process a claim:

- Provider name and credentials
- NPI number and tax ID
- Dates of service
- Diagnostic and procedure codes

You do not need to create anything yourself—just use the Superbill I provide.

Step 3

Submitting Your Claim

Most clients find this step quick and straightforward.

Option 1: Your Insurance Portal

Most insurers allow you to upload a photo or PDF of your Superbill through their member website or app.

Option 2: A Reimbursement App

Services such as Reimbursify or Better allow you to submit claims in seconds from your phone.

A Final Note

While reimbursement is not guaranteed and varies by plan, many clients find that this process significantly reduces their out-of-pocket cost.

If navigating insurance feels daunting, you are not alone. This guide is here to make the process more manageable—so you can focus your energy on your care.