Navigating Out-of-Network Benefits



Out-of-Network Benefits

All insurance plans are different in terms of mental health coverage. In order to find out if you have mental health coverage, you should start by calling the customer service number on the back of your insurance card. To be sure you understand what your plan includes, here are some helpful points to consider:

- Information to have ready when you call your insurance company:
 - Your name, address, phone number and date of birth
 - Your provider's name and address
 - Your insurance card (for all the important ID numbers)
- Be sure to ask these questions:
 - What are my out-of-network benefits (if I have them)?
 - Do I have an out-of-network deductible?
 - What percentage of the service is covered?
 - Do my out-of-network benefits cover the following services?
 - CPT Code 90791: Initial Evaluation
 - CPT Code 90837: Individual Therapy: 60 minutes
 - CPT Code 90834: Individual Therapy: 45 minutes
 - CPT Code 90832: Individual Therapy: 30 minutes
 - Ask us for additional CPT codes if you are expecting to utilize other services

How We Can Help

Upon request to your therapist, we can provide you with a superbill (i.e., itemized receipt) that you will need to submit to your insurance company directly. It will include the following necessary information: Provider Name, Practice Tax ID, Provider License Number and/or NPI Number, CPT Code, Dates of Service, Payment collected for service and Diagnosis (as required).

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