

## Insurance Reimbursement Cheat Sheet

There are two ways to file insurance – *in-network* and *out-of-network*.

The advantages of using an out-of-network provider oftentimes out-weigh those of an in-network provider:

- **Confidentiality.** While submitting to insurance means you must receive a diagnosis, in-network providers must often give detailed information about your session notes to the insurance company before they will approve sessions. Out-of-network providers generally do not have this binding stipulation.
- **Lower costs.** Insurance companies take a large chunk of the provider's fees when in-network. As an out-of-network provider, fees are paid only to the local office rather than the larger corporate office. This allows the provider to see fewer patients, thus allowing total patient wellness.
- **Newer, more advanced providers.** Insurance companies will contract with a new number of providers within a zip code and cut off any new contracted providers. If an older provider is in-network for 20 years, this uses up an available "slot" for new providers, with new technology and better education, to be utilized. In-network providers are not chosen by insurance companies because of a higher level of training or better certifications.

By using the cheat sheet below, we hope to eliminate unnecessary hassles in getting your claims reimbursed. It only takes a few steps and is well worth your time spent so you can get money back.

**1. Call the toll-free number** on the back of your insurance card designated for "Consumers" or "Customers". Follow the prompts to be connected with a customer service representative, which can advise you of your plan information.

**2. Ask the customer service representative** the following questions:

What are my out-of-network mental health benefits?

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What is my yearly deductible in my out-of-network plan?

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How many sessions am I allowed per year in my out-of-network plan?

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Is pre-approval required to see an out-of-network provider?

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Where do I mail my claims for services rendered?

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What information will you need in order to get my claim reimbursed?

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**3. Fill out appropriate forms to submit with your** receipt (if required). (See next sheet for the URL for some popular insurance company forms.)

**4. Mail claim form and / or receipt** your insurance provider, and receive your % reimbursement within a matter of weeks.

To submit your insurance claims, you will need your claim form, plus a receipt of service with correct service and diagnosis codes from our office. Below are some direct links to the most common

**Aetna:**

[http://www.aetna.com/data/forms\\_library/gc-7.pdf](http://www.aetna.com/data/forms_library/gc-7.pdf)

**United Healthcare:**

<https://www.myuhc.com/html/CMS1500ClaimForm010402.pdf>

**Blue Cross Blue Shield of Texas:**

<http://www.bcbstx.com/trs/pdf/claimform.pdf>

**Cigna:**

[http://www.cigna.com/assets/docs/Cigna%20notices-of-privacy-practices/behavioral-care-forms/cbh\\_member\\_claim\\_form.pdf](http://www.cigna.com/assets/docs/Cigna%20notices-of-privacy-practices/behavioral-care-forms/cbh_member_claim_form.pdf)

**Unicare:**

<http://www2.unicare.com/pdfs/agent/UT2176.pdf>

**Humana:**

<http://www.belmont.edu/hr/pdf/Health%20Claim%20Form%20Humana%202011.pdf>

**Value Options:**

[http://www.valueoptions.com/members/forms/files/Claims\\_Form.pdf](http://www.valueoptions.com/members/forms/files/Claims_Form.pdf)

If your insurance provider is not on this list, find the form on Google by typing "<insurance company> claim form". For example, for an Aetna claim form, type into Google: Aetna claim form to find your form.