

## 1. Check your out-of-network benefits

These are typically in the **Summary of Benefits**, included in a member information packet or on your insurance company website. Keep an eye out for these terms:

- **Out-of-network deductible:** This is the amount of money you have to pay *before* you are eligible for reimbursement.

Let's say your out-of-network deductible is \$1,000, and your insurance company pays for 100% of services after you meet that amount. That means you'll have to pay \$1,000 out of pocket, after which you'll have "met your deductible."

In this scenario, if you spend \$1,500 on chiropractic services, you'll have to pay \$1,000 out of pocket (e.g. \$100 at each session for 10 sessions), but the remaining \$500 will be reimbursed to you in the form of a check (mailed to you after you submit your claim).

Deductibles reset every calendar year, and *any* health expense you pay out-of-pocket contributes to meeting it.

- **Coinsurance:** This is the percentage of the service fee that you're ultimately responsible for paying.

For the sake of round numbers, let's say your charges are \$100 per session (treatment charges at our office typically range from 40-80 dollars). If your coinsurance is 25%, you're only responsible for paying \$25. (Note: You'll need to pay the full \$100 upfront. Your insurance will send you a check for \$75 after the session, once you've met the deductible and submitted a claim.)

Some insurance companies determine an "**allowed amount**," which caps the session fee that they'll cover. If your insurance has determined \$100 is their "allowed amount" per session, at a 25% coinsurance rate, your insurance company will still only reimburse you up to \$75, no matter what our treatment fees are.

In other words, if your insurance has an allowed amount of \$100 but our fees are \$200 per session, you won't get reimbursed more; you'll still be reimbursed \$75, and will be ultimately responsible for \$125.

## **2. Call your insurance company to verify your benefits**

The best way to be absolutely sure of your benefits is to clarify with your insurance company member services line. You can find this phone number on the back of your insurance card.

Ask these questions when speaking to your insurance company about benefits:

- How much of my deductible has been met this year?
- What is my out-of-network deductible for outpatient chiropractic services? (*Outpatient means treatment outside a hospital.*)
- What is my out-of-network coinsurance for outpatient chiropractic services?
- Do I need a referral from an in-network provider to see someone out-of-network?
- How do I submit claim forms for reimbursement?

## **3. We will provide you with a Superbill.**

We will provide you a document called a Superbill that you send directly to your insurance company at the end of each month. The Superbill details how many sessions you've had, and the total fee.

## **4. Receive out-of-network reimbursement!**

You'll need to pay your office fee at the time of service, but depending on your specific plan, your insurance company will mail you a check to reimburse a portion of that cost.