



Out-of-Network Insurance Guide

It is best for you to call your insurance company before you schedule an appointment with Bloom Women's Wellness so you know what to expect.

Most health insurance companies provide both IN and OUT of network benefits. In-network providers are those doctors, psychologists, and therapists who have an agreed upon contract with the insurance company.

Out-of-network providers do not have a partnership with the insurance company.

Depending on your policy, you may have out-of-network coverage. If you do, out-of-network services may be partially or totally covered after your deductible is met. This guide is provided to assist you with calling your insurance company to check on your out-of-network benefits. **Bloom Women's Wellness is not responsible for the information obtained using this guide.**

Payment at Bloom Women's Wellness:

Payment is due on the day of service. Clients will pay their fee with a credit card/HSA card/debit card on file at the time of service. Clients have an option to request an itemized receipt of payment for services (superbill) which will be provided at the end of each month and following receipt of payment. This may be used to submit to your insurance company. It is the client's responsibility to handle this submission.

The following information will be provided on your superbill:

- Provider's Name
- Federal Tax ID Number
- Provider's NPI
- DSM-5 and ICD-10 Diagnosis Codes
- Provider's License Number
- CPT or Procedure Codes

How to check your out-of-network coverage and possible out-of-network benefits:

- Plan for 30 minutes when calling your insurance company.
- Make sure you have this information ready before you call:
 - **Insurance card**
 - **Name, date of birth, address, phone number for whom the services will be provided**
 - **Pen and paper/notepad**





Questions to ask:

1. Are there out-of-network benefits for this policy?
2. Do I have a mental or behavioral health policy with out-of-network benefits?
3. What are the requirements to use out-of-network benefits?
4. Is prior authorization required?
5. Is a referral required from my primary care physician?
6. Do I have an out-of-network deductible? If yes,
 - a. What is my out-of-network deductible?
 - b. How much of my out-of-network deductible has been met?
 - c. What is the start date of the calendar year my out-of-network policy is based on?
7. Is there a session limit? If yes,
 - a. What is the session limit?
 - b. How many sessions do I have left?
8. What percentage of services is covered/what is my co-insurance?
9. Ask the representative if your policy covers these services (CPT codes) listed below, what the usual and customary fee is for each code, and what percentage they cover after you have met your deductible.

Psychological Testing Service CPT Code Usual and Customary Fee Percent Covered After Deductible is Met

Service	CPT Codes	Usual and customary fee	% covered after deductible is met
Diagnostic Interview/Intake	90791		





Psychological testing: Including testing, scoring, interpretation, and report writing (not all codes will be used but ask about each code to ensure your understanding of benefits	96130 96131 96132 96133 96136 96137 96138 96139		
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At the end of the call, make sure to have:

- Date/time you called:

- Representative's name/ID#:

- Reference number for the call:

