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INFORMATION ABOUT SUPERBILLS
IF YOU ARE PAYING OUT-OF-POCKET FOR AN ASSESSMENT

A **superbill** is a detailed, itemized receipt provided by a healthcare professional to a patient who has paid for services out-of-pocket, typically when the provider is outside the patient's insurance network. The patient then submits this document to their insurance company to seek potential partial or full reimbursement.

How a Superbill Works

- **Out-of-Network Services**: Superbills are used for out-of-network (OON) care. When you see an in-network provider, the provider's office handles the insurance billing directly. For an out-of-network provider, you generally pay the full fee upfront, and the superbill allows you to file a claim yourself.
- **Reimbursement Process**: After receiving the superbill, you or the provider submits it to your insurance carrier, often through an online portal or by mail with an additional claim form. The insurance company reviews the claim and determines the "allowed amount" for the service based on your plan's OON benefits, deductibles, and coinsurance rates.
- **Payment**: Any approved reimbursement is sent directly to the patient, not the provider.
- **No Guarantee**: Reimbursement is not guaranteed and depends entirely on your specific insurance plan's coverage for out-of-network benefits.

A superbill contains specific information required by insurance companies to process a claim. Key components include:

- **Patient Information**: Full name, date of birth, address, and insurance information.
- **Provider Information**: Name, practice location, contact details, state license number, Tax ID (EIN or SSN), and National Provider Identifier (NPI) number.
- **Visit Information**:
    - **Dates of Service**: The specific date(s) the services were provided.
    - **Place of Service**: The location where the encounter occurred.
    - **Diagnosis Codes**: ICD-10 codes (International Classification of Diseases) that describe the patient's condition and medical necessity for treatment.
    - **Procedure Codes**: CPT codes (Current Procedural Terminology) that describe the specific services rendered (e.g., a 45-minute therapy session, an initial evaluation).
    - **Fees and Payment**: An itemized list of costs for each service, the total balance, and how much the patient has already paid.
- **Referring Provider**: Name and NPI number of the referring physician, if applicable.

Tips for Using a Superbill

- **Verify Benefits First**: Before starting treatment with an out-of-network provider, call your insurance company's member services number to confirm your out-of-network benefits, deductible amount, and the exact submission process.
- **Request It**: Request the superbill from your provider after you have paid for the service in full. Many electronic health record (EHR) systems can generate this document automatically.
- **Submit Promptly**: Be aware of any time limits for submitting claims, which can range from 90 days to a year after the date of service.
- **Keep Records**: Retain copies of all submitted superbills and the resulting Explanation of Benefits (EOB) from your insurer for your personal records or tax purposes.
- **Appeal if Denied**: If a claim is denied, find out why (e.g., missing information, incorrect code) and resubmit a corrected claim or file an appeal with your insurance provider.