



Insurance Reimbursement

Helpful tips for your claim

- An invoice (our “superbill”) is given to your family at the end of each appointment with us. The information within this invoice contains the data you will need for your insurance company to correctly process your reimbursement request for an out-of-network provider.
- As medical doctors, we bill under medical codes for diagnoses (CPT codes), *not* under mental health codes. Ensure your insurance company has billed the appointment with the medical diagnosis.
- While your reimbursement is based on your plan, it is also dependent on your out-of-network coverage and your annual deductible. Make sure you are aware how much of your deductible you have already met and if you have out-of-network coverage. You can call your insurance company directly to find out what your financial responsibility might be.
- Most often families will run into issues with reimbursement due to insufficient information on the request. For your reference, we have listed our codes and identifying information below.
- Avoid sending multiple claims in one envelope. A good rule of thumb is one invoice per one envelope.
- If a claim is denied due to missing information, you should re-submit the request with the information they require and the follow-up your claim with a letter or call to ensure all the pieces are complete.

