How to Use Out-of-Network Benefits for Therapy

Using out-of-network benefits can feel unfamiliar at first, but many clients find the process becomes routine with a little setup.

1 Check if You Have Out-of-Network Benefits

Call the member services number on the back of your insurance card and ask:

- Do I have out-of-network mental health benefits?
- What is my deductible, and how much have I met?
- What is your allowed amount for therapy services for an out-of-network provider in my area?
- How do I submit a claim for reimbursement?

Tip: Write down the name of the representative you spoke with and the date. If they ask for it, the CPT codes that will be billed will most often be 90791, 90837, 90834, 90832

2 Pay for Sessions Upfront

If a provider is out-of-network, payment is due upfront at the time of each session. For example, my fees are $215 for an individual therapy appointment and $265 for a couples therapy session.

3 Submit a Superbill for Reimbursement

After each session, I will provide you with a **superbill** - a detailed receipt that includes your diagnosis, session codes, and fees paid. You submit this to your insurance company by mail, online portal, or app to request reimbursement.

4 Optional: Use Mentaya to Submit for You

Prefer to skip the paperwork? **Mentaya** is a service that submits your superbills directly to insurance on your behalf for a 5% fee. You pay for sessions as usual; they handle the rest. Ask me if you'd like help getting set up.

5 Get reimbursed

Once you've met your deductible, most plans reimburse **50-80%** of each session. The dollar amount is based on your insurer's internal rate for your area (called the UCR rate), not necessarily my full fee. Your actual reimbursement will depend on your specific plan and their allowed amount for therapy services.

Not sure where to start? I'm happy to walk you through it. Reach out before or after any session and we'll figure it out together.

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