Out-of-Network Reimbursement Checklist

A practical, step-by-step guide for preparing an insurance reimbursement request

Use this guide if your insurance plan offers out-of-network benefits. It can help you organize questions, documents, and follow-up. Your insurer determines eligibility and reimbursement; this checklist does not guarantee coverage or payment.

1. Before you begin care

- ☐ Find your member ID card and open your insurer's member portal.
- ☐ Ask whether your plan includes **out-of-network behavioral health benefits**.
- ☐ Ask whether a referral, prior authorization, or a particular claim form is required.
- ☐ Ask about your out-of-network deductible, coinsurance, and benefit limit.
- ☐ Ask for the claim filing deadline and the preferred submission method.

2. Get clear answers from your insurer

Record the date, representative's name, and reference number for each call.

Questions to ask:
- ☐ What information and documents do you need for reimbursement?
- ☐ How is the allowed amount or reimbursement calculated?
- ☐ Can I submit online, by mail, or both?
- ☐ Where can I check the claim status after submission?

3. After each session

- ☐ Pay the practice as agreed.
- ☐ Request a **superbill** if needed. A superbill is an itemized receipt that may contain the information your insurer requests for a claim.
- ☐ Review it for your name, date of service, provider information, and charges.
- ☐ Save your receipt and a copy of the superbill in one secure place.

4. Submit your request

- ☐ Follow your insurer's directions exactly.
- ☐ Complete the member claim form or online request if your plan requires one.
- ☐ Attach the superbill and any receipts or additional documents your insurer requests.
- ☐ Save your confirmation number, a copy of what you submitted, and the submission date.

5. Review the result

- ☐ Watch for your Explanation of Benefits (EOB) or claim decision.
- ☐ Compare the processed amount with your submission and your plan's stated benefit.
- ☐ If a claim is denied or partially paid, read the reason and ask your insurer about its review or appeal process.
- ☐ Keep the EOB with your submitted documents.

Documents to keep together

- ☐ Insurer call notes and reference numbers
- ☐ Superbill(s) and payment receipt(s)
- ☐ Claim form and submission confirmation
- ☐ Explanation(s) of Benefits
- ☐ Any insurer letters or appeal materials

Before you submit: a quick reality check

Out-of-network reimbursement can vary by plan and may be less than the provider's charge. Confirm the details of **your** plan before relying on an estimate.[1] [2] Claim instructions and documentation requirements also vary; submit requests promptly and keep copies for your records.[1]

Keep these notes with your records

Plan details

Insurance company: _____

Member ID: _____

Out-of-network deductible: _____

Coinsurance: _____

Filing deadline: _____

Claim submission tracker

Date of service: _____

Date submitted: _____

Confirmation number: _____

Claim status: _____

EOB received: _____

Insurance call log

Date: _____

Representative: _____

Reference number: _____

Notes: _____

_____

_____

_____

Questions for the practice? The office can clarify its own fees and the billing documentation it can provide. For plan-specific coverage, reimbursement, or claim-status questions, contact your insurance company directly.

This guide is for general education only and is not insurance, legal, or financial advice. Keep personal health information secure when uploading or mailing documents.

References

[1] UnitedHealthcare, "How to submit a claim." Accessed August 2026.

[2] FAIR Health Consumer, "Types of Out-of-Network Reimbursement." Accessed August 2026.