

Getting Reimbursed for Therapy: A Guide for "Fee-for-Service" Providers

If you have a PPO (Preferred Provider Option) insurance plan, you have the flexibility to see a therapist who does not work directly with insurance companies. This is often called a "fee-for-service" practice, and it means you'll pay the therapist directly at the time of your session and then seek reimbursement from your insurance company.

Here's a simple, step-by-step guide to get reimbursed for your therapy sessions.

The Process for Out-of-Network Reimbursement

Step 1: Find a Therapist You Want to See With a PPO plan, you are not limited to a specific network. You can find a therapist you like and confirm they operate on a "fee-for-service" basis.

Step 2: Pay the Therapist Directly At the time of your appointment, you will pay the therapist's full session fee.

Step 3: Ask for a Superbill A superbill is a detailed receipt that contains all the information your insurance company needs to process your claim. After your session (or at the end of the month), simply ask your therapist for a superbill.

Step 4: Submit Your Superbill to Your Insurance Company You will need to submit this superbill to your insurance company. This can often be done online through your insurance portal or by mail. The superbill serves as your claim for reimbursement.

Step 5: Collect Your Reimbursement After your insurance company processes the superbill, they will send you a check or direct deposit for a portion of the cost.

Important Things to Know

Reimbursement Rates Vary: The amount you get back can change from session to session, and it depends on the specifics of your plan. Averages often range from \$30 to \$90 per session.

This is for PPO Plans Only: The ability to see out-of-network providers and get reimbursed is a benefit of PPO plans. If you have an HMO or EPO, this process generally will not apply to you.