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## Insurance Benefits Worksheet Guide: Out of Network Insurance

If you decide to continue with private pay options, we are happy to provide you with a monthly invoice (super bill) for you to submit to your insurance for out-of-network coverage. This will have the codes on it that your insurance company will need for out-of-network benefits. Please be advised that many health insurance plans have *limited* coverage for speech-language pathology services. It is recommended that you contact your insurance company to discuss the benefits and limits of your policy.

These questions below may be used as a guide for out-of-network patients when communicating with their insurance carrier regarding coverage. Tell them you are seeing an “out-of-network therapist” and ask them what the reimbursement rate is for each session.

Some questions to ask may include:

- Do I have speech therapy insurance benefits?
- Do I require pre-authorization for services?
- Do I have a deductible? If so, how much? How much has been met this year?
- How many sessions per year does my health insurance cover?
- What is the covered amount per therapy session?
- Does this plan have telehealth coverage?
- Does this plan have outpatient services in my home?
- What form(s) do I need to submit to be reimbursed for the services?
- Where do I submit any necessary forms?
- What is the reference number for this call?

\*\* Feel free to reach out with any questions. I am happy to guide you and provide you with any necessary information to obtain the most accurate information from your insurance provider.