



Your Best Life Therapy

Out-of-Network (OON) Insurance Benefits Guide

Navigating insurance can be challenging, and I hope this guide helps. This document is designed to assist you in seeking reimbursement for out-of-network (OON) behavioral health services. However, reimbursement is not guaranteed by Your Best Life Therapy.

About Michelle

Providing compassionate, action-oriented therapy to help high-achieving women and trauma survivors break free from old patterns, rebuild confidence, and create a life of clarity and fulfillment.

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Credentials

- Licensed Clinical Social Worker
California 26719
- Social Worker Independent Clinical License
Washington LW 61440116

Key Insurance Terms

- ♥ Deductible – The amount you must pay before insurance starts covering costs. Submitting Superbills helps meet this amount.
- ♥ Coinsurance – The percentage of the covered cost you pay after your deductible is met. Example: 20%.
- ♥ Co-pay – A fixed amount you pay per session, which may reduce your reimbursement.
- ♥ Superbill – An itemized receipt from your therapist used for insurance reimbursement.
- ♥ Reimbursement – The amount insurance pays back, based on their “reasonable and customary” pricing.

How Reimbursement Works

- Each month, you'll receive a Superbill (an itemized receipt) that you can submit to your insurance company for possible reimbursement.
- You are responsible for paying the full session fee at the time of service.
- Depending on your insurance plan, your provider may reimburse a portion of the cost by mailing you a check.
- You can submit claims directly to your insurance or use reimbursement apps like Mentaya, Thrizer, Float, or Reimbursify (note: Your Best Life Therapy does not endorse these apps, they are simply resources).

Steps to Check Your OON Benefits

- Call your insurance provider (use the Behavioral Health number on your card, or the general number if not listed).
- Speak with a representative (not an automated system) and ask about your OUTPATIENT, OUT-OF-NETWORK BEHAVIORAL HEALTH benefits.
- Document the Representative's name, date and time of call and ask the following questions:

Do I have Out-of-Network Benefits for therapy?

a. Yes ☐ No ☐

Do I have a deductible?

a. Yes ☐ No ☐

b. If yes, how much? _____ Amount met this year? ____

Is my plan based on a calendar year or benefit year?

a. Calendar Year ☐ Benefit Year ☐

b. Benefit Year, coverage dates?

What is my co-pay or coinsurance for OON mental health services?

a. Co-pay: \$ _____ - Coinsurance: _____ %

Do I need a referral to see an out-of-network provider?

a. Yes ☐ No ☐

How do I submit a claim for reimbursement?