

## Suggestions for Submitting a Super Bill

Call your insurance's customer service or member services phone number (can be found on the back of your insurance card) and ask them:

1. Do I have out of network benefits? If so, what are they?

a. deductible IND (amount/met) \_\_\_\_\_/\_\_\_\_\_ FAM \_\_\_\_\_/\_\_\_\_\_

b. copay / co-insurance (circle one) per visit \_\_\_\_\_

\*Copay is a set amount per visit, co-insurance is a % per visit

c. out of pocket max IND (amount/met) \_\_\_\_\_/\_\_\_\_\_ FAM \_\_\_\_\_/\_\_\_\_\_

d. visit limit per year \_\_\_\_ combined with OT / Speech / Chiro? (circle all that apply)

2. Do I need a doctor's referral/Rx to bill out of network services? YES / NO

\*NOTE: Sometimes they say you do not need a **referral**, but you need a **prescription (Rx)**, these are essentially the same thing, we recommend you ask about both for clarification. And if they say you need one but not the other, we recommend you get one\*

3. Is prior authorization required? If so, what are the steps to obtain it? Billing/CPT codes: 97161, 97162, 97163, 97164, 97110, 97140, 97530, 97014, 97035 (provide all codes if requested)

Blue Cross Authorizations will be through AIMS Specialty health, their phone # is (877) 291-0360

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4. What information needs to be on my super bill? Is there any other paperwork I need to submit with my claim?

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5. Where do I submit my claim? – mail? fax? web portal? which one do you recommend for fastest processing?

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6. How long does it typically take to process a claim?

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7. Who do I call to follow up with after I submit my claim? (we **strongly** recommend you follow up within 1-2 business days to see if it was received/is being processed)

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8. Can I get your name (Representative) & reference # for my call?

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