

SPECTRA Therapies and ILLUMINATION Psychological Testing are  
**Out-of-Network** with ALL insurance companies and  
**are NOT responsible for the information  
you obtain by using this guide**

### **Background:**

Most health insurance companies have in- and out-of-network providers (providers = doctors, counselors, etc.). Providers at Spectra Therapies (Spectra) and Illumination Psychological Testing (Illumination) are out-of-network with all insurance companies. Depending on your policy you may or may not have out-of-network coverage. If you do have an out-of-network policy, there are varying deductible levels and levels (partial or total) of coverage for our services. It is best for you to call your insurance company before you schedule an appointment with Spectra or Illumination.

### **Depends on your provider at Spectra / Illumination:**

Some of our students are not billable under insurance companies. Please double-check with us to have a clear understanding if your provider may or may not be covered by your insurance company. All licensed providers are billable under insurance.

### **How it works at Spectra / Illumination:**

First, payment is due at the time of service, unless another payment plan has been agreed upon. Client pays the fee out-of-pocket with cash, check, or credit card. Second, at the end of every month, we can provide you with a SUPERBILL for completed and paid services. A SUPERBILL is a document made for insurance companies that details the services a provider completes with a client. Essentially, it's a receipt for your visit, but unlike traditional receipts, superbills contain vital information, like diagnosis and procedure codes (CPT), needed for insurance payers to reimburse you for the services after you've paid your provider. Third, the client submits this superbill to his/her/their insurance company. Fourth, depending on the coverage, the client may receive the reimbursement check directly to them.

Note – there are some cases that require pre-authorizations, special assessments, and single-case agreements that require additional steps. Please speak directly to your Spectra /Illumination provider for these cases; an informed consent and written release may need to be signed in order for us to help you through these more detailed agreements.

### **Getting ready for the call:**

We would like you to be informed about your out-of-network coverage before making your appointment. Here are the steps to understand your OUT-of-NETWORK mental or behavioral health policy. Spectra and Illumination are NOT responsible for the information you obtain by using this guide.

### **Tips:**

Carve out 10-30 minutes to call your insurance company  
Have the following information ready before you call, including your card  
Take detailed notes  
Do not hesitate to ask questions  
Ask the representative to confirm the requirements to use out-of-network benefits  
You are asking about your out-of-network mental or behavioral health policy



# Insurance Guide

Guide to calling your insurance company  
about out-of-network benefits



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Below is some information that the insurance company may need from you to provide you with accurate information.

**Insurance Card:**

- Phone number to call:
- Member ID:
- Group ID:

**Your Information:**

Name, date of birth, address, phone number, or sometimes social security # of person who holds the primary account (“insured”)

Name, date of birth, or sometimes social security # of person for whom the services are for. Some benefits have exclusions based on age or diagnosis.

**Spectra / Illumination Information:**

The following information will be provided on your Superbill. Insurance companies do not usually need this information to help you understand your benefits.

Provider’s name:

Provider’s NPI:

Credentials:

Provider’s EIN:

**Phone Call Notes:**

Date that you called:

Representative’s name:

Representative’s ID #:

Call confirmation #:

**Guideline of Questions to Ask:**

Do I have out-of-network benefits? Yes / No

Do I have a mental or behavioral health policy with out-of-network benefits? Yes / No

What are the requirements to use out-of-network benefits? \_\_\_\_\_

Is authorization required? Yes / No

Is a referral required? Yes / No

Do I have an out-of-network deductible? Yes / No

(If yes) What is my out-of-network deductible? \_\_\_\_\_

(If yes) How much of my out-of-network deductible has been met? \_\_\_\_\_

(If yes) What calendar year is my out-of-network policy based on? \_\_\_\_\_

Ask the representative:

- 1) if your policy covers these services (give them the CPT code),
- 2) how much the insurance company's "usual and customary fee" is (this may differ from our fees)
- 3) what percentage they cover

Service	CPT	Insurance company's usual and customary fee	Percent covered (after deductible met)
Psychiatric interview – a 75-minute intake session	90791		
Group therapy session	90853		
Individual therapy: 45-minutes	90834		
Individual therapy: longer than 45-minutes	90837		
Testing and evaluations	90791, 96137, 96136, 96130, 96131		

Is there a session limit? Yes / No

(If yes) What is the session limit? \_\_\_\_\_

(If yes) How many sessions do I have left? \_\_\_\_\_

What % of services are covered/what is my co-insurance?

Address for submitting claims: \_\_\_\_\_