

# superbill guide



**INDIGO**  
WELLNESS GROUP



# welcome

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Insurance is a headache, we get it!

At Indigo, we've chosen to opt out of the insurance game to make sure that we can provide you with the best quality care, no strings attached.

But don't worry, you might still be able to get your insurance company to help cover your costs by submitting superbills (specially coded receipts) to get reimbursement.

And remember, if your employer offers you the opportunity to have a Flexible Spending Account (FSA) or Healthcare Savings Account (HSA) this can be a great way to pay for out of network expenses. These accounts allow you to put money aside before taxes, so you're ready for healthcare bills that your insurance might not cover.

# do you have out-of-network coverage?

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Understanding the difference between in-network and out-of-network is the first step to determining your coverage.

All health insurance plans come with "in-network" coverage. This means that no matter which plan you choose, you'll have access to a group of doctors, hospitals, and other healthcare providers that have a special agreement with your insurance company. These providers have agreed to offer their services at discounted rates for members of your insurance plan.

However, not all plans offer "out-of-network" coverage. Plans with out-of-network coverage allow you to go to doctors, hospitals, and other healthcare providers that aren't under contract with your insurance company.

Why might some plans not have out-of-network coverage? Well, it's often a trade-off between cost and flexibility. Plans that offer out-of-network coverage tend to be more expensive because they have to be prepared to cover a wider range of healthcare providers. Some people are willing to pay extra for the freedom to see any doctor they want, even if they're not in the insurance company's network.



# superbills

At indigo, we require payment at the time of service, but we can provide you with a superbill (we even have an example of one down below) to seek reimbursement based on the parameters of your care.

## What is a Superbill?

A Superbill is a detailed invoice that provides information about the services you received during your visit. It includes procedure codes, diagnosis codes, dates of service, and other essential details required for insurance claims and personal record-keeping.

## A Superbill Example:



Fairfield Family Acupuncture LLC DBA Indigo Wellness Group  
25 Sylvan Road South, Suite W, Westport, CT, 06880  
Tel: 203-658-7850 Email: hello@indigowellnessgroup.com

### Superbill

Treatment Information			
Date of Visit	Invoice #	Provider	Place of Service
August 9, 2023	Invoice #16788	Dr. Sarah Swanberg DACM LAc License #CT 639 NPI #1033742481 EIN #473669967	Fairfield Family Acupuncture LLC DBA Indigo Wellness Group Place of Service Code: 11 25 Sylvan Road South Suite W Westport, CT, 06880

Your Provider's National Provider Identifier (See Group NPI in footer)  
Tax ID/ Employer Identification Number

Patient Information			
Name	Date of Birth	Address	
Jane Doe	01/01/1985	1234 Main Street. Anywhere, CA 12345	If any of this info is missing, please fill it in

Diagnosis		
#	Code	Description
1	ICD-10 Code/ Diagnosis Code M54.59	Other low back pain

Treatment						
Billing Code	Description	Modifier	Diagnosis Pointer	Fee	Quantity	Total
99203	First Visit- New Patient Eval	25	1	\$50.00	1.00	\$50.00
97810	Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Modifiers, sometimes required when using multiple billing codes. Can depend on plan/ carrier.	1	\$80.00	1.00	\$80.00
97811	Each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles		1	\$80.00	1.00	\$80.00

Summary	
<b>Total Charges</b>	\$210.00
<b>Adjustments</b>	\$0.00
<b>Total</b>	\$210.00
<b>Total Paid</b>	\$210.00
<b>Balance</b>	\$0.00

Sign this before submitting

Patient Signature	Date
	August 9, 2023
Provider Signature	Date

GROUP NPI

Fairfield Family Acupuncture LLC DBA Indigo Wellness Group - EIN 473669967 / NPI 1942680111 - 203-658-7850 - hello@indigowellnessgroup.com Page 1 of 1

# terms & tips

Let's break down some of the terms you may see when reviewing your out of network coverage.

## Out-of-Network Deductible:

- Think of the out-of-network deductible like a financial threshold you need to cross before your insurance starts helping you cover costs for healthcare services outside of the network. It's the amount of money you have to pay out of your own pocket for out-of-network services before your insurance kicks in.
- For example, if your out-of-network deductible is \$1,000, you'll need to pay \$1,000 for out-of-network healthcare services before your insurance begins to cover a portion of the costs. Once you've reached this deductible amount, your insurance will start sharing the costs with you, making it more affordable.

## Out-of-Network Limits (or Maximum Out-of-Pocket):

- Out-of-network limits, also known as maximum out-of-pocket limits, set a cap on the most you'll have to pay for covered out-of-network healthcare services during a certain period, usually a year. This is designed to protect you from extremely high medical bills.
- Here's an example: If your out-of-network limit is \$5,000, that means that in a given year, once you've paid a total of \$5,000 for out-of-network services (including both your deductible and a portion of the costs), your insurance will take over and cover 100% of the remaining out-of-network costs for covered services for the rest of the year.
- So, in essence, out-of-network limits ensure that even if you're using healthcare services outside of your insurance network and have to pay more initially, there's a point where your insurance will step in and cover the rest, providing you with some financial protection.

## Co-Insurance:

- Co-insurance is another way that you and your insurance company share the costs of your medical care. It's a percentage of the total cost of a healthcare service that you're responsible for paying, even after you've met your deductible. Your insurance company then covers the remaining percentage of the cost.
- For example, let's say you have a co-insurance rate of 20%. If you receive an out-of-network medical service that costs \$1,000, you would be responsible for paying \$200 (20% of \$1,000), and your insurance company would cover the remaining \$800. This continues until you reach your out-of-network limit or maximum out-of-pocket, at which point the insurance company takes on the full cost.
- Co-insurance encourages you to be aware of the costs and make informed decisions about your healthcare services. It's important to remember that co-insurance is in addition to any deductibles you may need to meet.

So, when you're dealing with out-of-network medical services and costs, you have the out-of-network deductible, co-insurance, and the out-of-network limit all playing a role in determining how much you'll end up paying and how much your insurance company will cover. Understanding these terms helps you plan for your healthcare expenses and make the most cost-effective choices.

# terms & tips

## **Tips for superbill submission.**

### **Contact your insurance:**

Contact your insurance company to understand your coverage for the specific services you received and determine applicable deductible and co-payments. This will help you understand what type of reimbursement to expect.

### **Keep a copy:**

Keep a copy of the Superbill for your records before submitting it to your insurance company.

### **Check all information:**

Make sure all information, including your personal information and date of birth is accurate, and add your insurance ID numbers wherever applicable.

### **Submission instructions:**

Follow the submission instructions provided by your insurance company, which may include online portals, mail, or fax.

### **Prompt Submission:**

Submit the Superbill to your insurance company promptly to avoid potential delays in processing.

### **We're here to help:**

We can't contact your insurance company on your behalf, but we are here to help you navigate. If your claims are denied or you receive communication that you don't understand from your insurance company, let us know so we can guide you.

# insurance company script

*Here's a script to use when calling your insurance company. Write in answers in the form below.*

Do I have out-of-network coverage for XX service.

Yes  No

Do I have a deductible to meet? If so, how much has been met already?

Do I have any visit limits?

Do I have a per calendar year plan or a per benefit year plan? Yes  No  If per benefit year, what are my dates of coverage?

Are there any specific diagnosis codes my plan does or doesn't cover?

How do I submit superbills? Email, Fax, Mailing Address?