

How to Navigate Superbills for your medical appointments



1 What is a Superbill?

A superbill is a detailed receipt that some therapists and healthcare providers can give you after an appointment. If your provider is not in-network with your insurance, you may be able to submit the superbill to your insurance company and ask to be reimbursed for part of the cost. A superbill is NOT a guarantee of insurance payment.

How It Works

1. You attend your appointment and pay your provider directly.
2. Your provider gives you a superbill at each visit or at the end of the month.
3. You submit the superbill to your insurance company (usually through an online portal, app, email, or fax).
4. Your insurance company reviews the claim.
5. If your plan includes out-of-network benefits, your insurance company may send you a reimbursement check or direct deposit for a portion of what you paid.

2 Important to Note

- A superbill is not a guarantee of reimbursement.
- The amount insurance pays varies depending on your plan.
- Some plans do not offer out-of-network benefits.
- You may need to meet your deductible before reimbursement begins.
- Insurance companies often reimburse only a percentage of their "allowed amount," which may be less than what you paid.

A superbill typically includes:

- Your name
- The provider's name and credentials
- Date(s) of service
- Diagnosis code(s)
- Service code(s)
- Cost of the appointment
- Provider tax ID and license information

3 Questions to Ask Your Insurance Company

Before starting services, it can be helpful to ask:

- Do I have out-of-network (insert kind of service you are seeking ex: mental health) benefits?
- What is my out-of-network deductible? (this is super important to find out!)
- What percentage will I be reimbursed after meeting my deductible?
- How many sessions your insurance will cover? For out of network therapists, chiropractors and massage therapists, check how many therapy sessions your insurance plan allows each year and keep track as you go. This can help you avoid submitting a superbill later, only to find that you've already used all of your covered sessions.
- How do I submit a superbill?
- How long does reimbursement typically take?

4 How a Deductible Works

Think of your out-of-network deductible as a dollar amount you must reach before your insurance starts helping pay for care from providers who are not in your insurance network.

Example:

Your therapy session costs: \$150

Your out-of-network deductible: \$600

Your plan pays: 70% after the deductible is met

- Step 1: You start therapy and you attend your first session and pay the full \$150. Amount paid toward deductible: \$150. Remaining deductible: \$450 (your insurance pays zero until this is met)
- Step 2: You continue therapy and you attend three more sessions and pay the full cost each time
- After the fourth session, you have met your \$600 deductible.
- Step 3: Insurance begins sharing the cost. If your session is \$150 and your plan pays 70%: Insurance pays: \$105 & You pay: \$45

5 When Will I Get Reimbursed?

Most insurance companies process a superbill within 2–6 weeks after they receive it, but the timeline varies.

Typical Timeline

- 1–2 weeks: Claim is received and entered into the system.
- 2–6 weeks: Claim is reviewed and processed.
- 6–12+ weeks: If additional information is requested, the claim is denied and appealed, or the insurer is experiencing delays.

NOTE: if you pay for your medical appointment with a credit card and are waiting for the reimbursement before paying the card balance, you will most likely pay interest before you receive reimbursement.

Example:

Session #	You Pay	Total Applied to Deductible
1	\$150	\$150
2	\$150	\$300
3	\$150	\$450
4	\$150	\$600

6 Factors That Can Slow Processing Time

- Missing provider information (NPI, tax ID, diagnosis code, CPT code)
- Missing dates of service or receipts
- Out-of-network benefit verification issues
- Requests for treatment records or additional documentation
- Incorrect member ID or insurance information
- High claim volume at the insurance company

7 What Clients Can Do

1. Submit the superbill as soon as possible after services.
2. Keep a copy of everything submitted.
3. Check the claim status after 2–3 weeks and follow up if no decision has been made after 30 days.

Additional Hint: “Allowable Amount”

Insurance companies will sometimes not reimburse based on your providers full fee. Instead, they calculate reimbursement using their own "allowable amount" for a session. If your provider charges more than that amount, you may be responsible for both your coinsurance and the difference between the fee and the insurance company's allowable amount.

Example:

Massage therapist charges: \$200 per session

Insurance company's allowable amount: \$140

- Your plan covers: 70% after deductible
- Once you've met your deductible:
- Insurance pays 70% of \$140 = \$98
 - Your responsibility is:
 - The remaining 30% of the allowable amount = \$42
 - Plus the difference between the therapist's fee and the allowable amount (\$200 - \$140 = \$60)
- Total client responsibility: \$102

Why Some Providers Don't Accept Insurance

Reimbursement rates may be very low, payments can be delayed, and the paperwork and administrative requirements can be substantial. This allows them to spend more time focusing on client care rather than insurance-related tasks.