How to be reimbursed by your medical insurance

What is a claim?

A “claim” is what a medical provider or you submit to your insurance company in order to be reimbursed for services. Christian Family Solutions does submit to in network insurances on your behalf as a courtesy, but there are times when you may choose to do this yourself or when CFS is out of network for a particular payer.

How do you know if your health insurance plan provides mental health coverage?

Check your description of your plan benefits - it should include information on behavioral health services or coverage for mental health and substance use disorders. If you are unsure of what is covered, contact the Member Service Department of your health insurance company. You can find the number on the back of your insurance card and inquire about the information necessary to submit a claim for reimbursement of medical expenses paid out-of-pocket.

How can you submit a claim to your insurance?

You can submit your claim to your insurance company after receiving counseling services through Christian Family Solutions (CFS). Use the following steps:

1. Locate your benefits plan packet and verify that your counseling care is covered in your benefits plan.*
2. Locate the claim form from your benefits plan. (If you do not have a claim form, you can often find one on your insurance company’s website.)
3. Include all necessary information, including the procedure/service codes. You can obtain these codes from Christian Family Solutions by calling 800-438-1772 after your appointment to request a statement of service. Choose Option 4 or ask for the billing department.
4. File your paperwork promptly and within the time limit as directed by your insurance company.

How does the claims process work?

- Once a claim arrives to your insurance company, a claims processor checks it for completeness and determines whether services are covered under your insurance plan.
- If the service is covered by your plan, the insurance company processes the claim – sometimes the entire cost and sometimes a portion is paid, depending on your benefits. You will be responsible for paying the portion not covered by your plan.
- The claims processor also verifies important information such as your co-pay and how much of your annual deductible or out-of-pocket maximum you have paid.

What happens after a claim is processed?

- You will receive an explanation of benefits (EOB) that explains how the care you received is being covered by your insurance plan.
- Around the same time, you may receive a bill from your service provider (in this case, CFS).
- Compare the services covered on your EOB with the bill from CFS. The *amount the EOB says you owe* and the *amount on the bill* should match. If they do not, call CFS at 800-438-1772 to inquire about the discrepancy.

Claims processing may seem complicated. Providing all needed information makes it go more smoothly!

*If you wish to pay for services without the use of insurance, consider the CFS Prompt Pay Policy. Pay at time of service to receive a prompt pay discount. Learn more at https://christianfamilysolutions.org/make-a-payment/

Financial assistance may be available for clients that can demonstrate financial hardship.

Sources:
https://health.howstuffworks.com/health-insurance/insurance-claim.htm
http://www.medicalbillingandcodingonline.com/medical-claims-process
https://www.anthem.com/blog/health-insurance-basics/health-insurance-claims-process/
Does your insurance cover mental health services? from apa.org