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Out-of-Network Benefits

Using out-of-network benefits requires that you pay me directly (\$180 per session) at each appointment. I will provide a receipt showing you paid and all the details the insurance company typically needs. You submit the receipt and any insurance specific paperwork for out-of-network treatment (I can help with forms) to the insurance company. You will get reimbursed directly from the insurance company, whatever percentage of the fee they cover based on your plan.

- Call Member Services for your plan and ask if you have out-of-network coverage for behavioral health care
- If you do have out-of-network benefits, there is probably a deductible and after that is met, a certain percent of the fee will be paid for by the insurance
- Therefore, the second question for Member Services is what is my annual deductible? Sometimes deductibles are small and other times quite large - totally depends on the plan
- Also inquire as to when the deductible resets annually so you are aware when you will have to start paying towards it again
- Ask Member Services what percentage of the fee they cover for out-of-network behavioral health care once your deductible is met

The insurance company might ask you for some of my information in order to tell you what percent they will reimburse you. Typically, this includes:

- My zip-code - 01746
- Level of education - Ph.D.
- State license number - 10140 Massachusetts
- Procedure code - 90837
- NPI# (National Provider Identifier) - 1447667902