

Getting Reimbursed for Your Visit

also known as

SUBMITTING A SUPERBILL TO YOUR INSURANCE

A PATIENT GUIDE FROM DR. ZEENA NAWAS

■ What a superbill is, and which visits qualify

A superbill is an itemized receipt written in the language insurers use. It lists our practice details and Dr. Nawas's NPI number, the date of your visit, the diagnosis codes (ICD-10), the procedure codes (CPT), and exactly what you paid. Your insurer uses it to decide how much of the visit to reimburse you under your out-of-network benefits. We prepare it as a courtesy; the decision is your plan's.

Visits that can be submitted

- Medical consultations: rashes, acne, rosacea, eczema, hair loss, a spot that worries you
- Skin checks, biopsies, cryotherapy, excisions, Mohs surgery and scar or keloid injections

Visits that cannot

- Cosmetic care: neurotoxins, fillers, Sculptra, Kybella, lasers and peels for appearance, PRP, and cosmetic removals. No insurer covers these, whichever doctor provides them.

■ Before you submit: three questions for your plan

Call the member-services number on the back of your card and ask:

1. Do I have out-of-network benefits for office visits and procedures? PPO and POS plans usually do; HMO and EPO plans usually do not.
2. What is my out-of-network deductible, and how much of it have I met this year? Claims count toward the deductible even when nothing is paid back.
3. What percentage of the allowed amount do you reimburse, and how do I submit a claim? Most plans accept an upload in their app or member website; some still use a mailed form.

■ How to submit, step by step

1. **Pay at your visit.** Card, HSA or FSA all work for medical visits. Keep the receipt.
2. **Ask for your superbill.** Request it at checkout or message us through the patient portal. We send it as a PDF.
3. **Submit within 30 days.** Log in to your plan's app or member site, choose "Submit a claim" (sometimes "Reimbursement" or "Out-of-network claim"), upload the superbill and receipt, and enter the amount you paid. If your plan uses a paper form, complete the member section only, attach the superbill, and mail it to the claims address on your card.
4. **Note the claim number and keep copies.** Set a reminder for three weeks.
5. **Watch for the Explanation of Benefits.** It arrives in two to six weeks and shows the allowed amount, what went toward your deductible, and what is being paid to you by check or deposit.

What to expect back

Reimbursement is a share of your plan's allowed amount, not of what you paid, and it applies only after your out-of-network deductible is met. A worked example: you pay \$250 for a medical consultation; your plan allows \$180 for that visit, your deductible is met, and your out-of-network coinsurance is 70 percent. The plan sends you \$126. If the deductible is not yet met, nothing is paid, but the \$180 counts toward it.

Pathology laboratories bill separately for reading a biopsy. Most laboratories are in network with major plans and bill your insurance directly, so bring your insurance card to every medical visit even though we do not bill it ourselves.

Where to submit for the plans we see most

Plan	Where to submit
Blue Cross Blue Shield of Texas	bcbstx.com or the BCBSTX app: Claims, then Submit a claim
Aetna	aetna.com member site or the Aetna Health app: Claims, then Submit a claim
UnitedHealthcare	myuhc.com or the UnitedHealthcare app: Claims, then Submit a claim
Cigna	myCigna.com or the myCigna app: Claims, then Submit a claim
Original Medicare	No superbill needed. We file the claim for you and Medicare pays you directly.

If a claim is delayed or denied

- **Missing information.** The most common reason. Check that the receipt, your member ID and the full superbill were attached, then resubmit.
- **Deductible not met.** Not a denial. The visit has been credited toward your deductible for the rest of the year.
- **Code question.** If the plan asks about a diagnosis or procedure code, message us through the portal and we will send a corrected superbill within a few business days.
- **Sent to the wrong place.** Confirm the claims address or upload location with member services and resend; most plans allow 90 days to a year to file.

HSA and FSA accounts

Medical visits, biopsies, surgery and prescriptions are eligible expenses, and your superbill doubles as the documentation your account administrator may request. Cosmetic treatments are not eligible.

We cannot guarantee reimbursement. Superbills are provided as a courtesy and describe your visit accurately; your plan decides what it pays under your specific benefits. Prices are the same for every patient, whether or not you plan to submit a claim.

Questions about a claim? Message Dr. Nawas directly through the patient portal, or call the office at 346-696-3376.