



Bloom Counseling
& Wellness

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OUT OF NETWORK INSURANCE GUIDE

Because you deserve full transparency, clarity, and the freedom to make informed, empowered choices about your care that feels right for you.



www.BloomMqt.com



WHAT “OUT-OF-NETWORK” MEANS

I’m a fully licensed therapist, but I’ve made the intentional choice not to contract with insurance companies. This means I’m considered an out-of-network (OON) provider, and I don’t bill your insurance directly.

Depending on your plan, you may have OON benefits that allow you to submit receipts (called superbills) for partial reimbursement after paying the session fee directly.

Here’s how it works:

1. You pay for each appointment up front.
2. I provide you with a detailed receipt (superbill).
3. You submit it to your insurance company.
4. If your plan includes OON coverage, they may reimburse you for part of the session cost, sometimes significantly.

Reimbursement rates vary based on your plan and deductible, and while I can’t guarantee coverage, many clients receive meaningful reimbursement and report this is an easy process.



I believe in giving you the information and tools you need to make the decision that's right for you, whether that's using your benefits, paying privately, or exploring other options.



Choosing an OON therapist isn't about extravagance, it's about choosing care that centers you.

Superbills give you options, without giving up your autonomy.

HOW TO CHECK YOUR OON BENEFITS:

- Before you call the phone number on your insurance card, be sure to have your insurance card ready and something to take notes with.
- “Hi, I'd like to check my out-of-network mental health benefits. Can you tell me:
 - What is my out-of-network deductible, and how much have I met?
 - What percentage do you reimburse for out-of-network outpatient psychotherapy (CPT codes 90837, and 90834)?
 - Is there a limit to the number of sessions covered per year?
 - How do I submit a superbill for reimbursement?”
- Some insurance companies list benefits through online portals, however many clients have reported that calling provided them with more accurate information

A few things to note about choosing to use your OON benefits

- A mental health diagnosis is required for insurance reimbursement.
- Insurance companies may request records or deny claims: that's their decision & not a reflection of your worthiness.
- Reimbursement is never guaranteed, but many clients are surprised by how much they do get back.
- I'm not involved in communication with insurance companies and don't submit claims on your behalf.

You deserve care that sees all of you, not just your symptoms or survival strategies. Whether you use your benefits or invest out of pocket, what matters most is choosing the path that feels aligned with who you are and who you're becoming. I'm here if you have questions and am always in your corner.



**Remember:
Your insurance works for you.
You have the right to explore your benefits and advocate for what supports your wellbeing.**

YOU WILL NEVER BE A BURDEN TO ME, DON'T HESITATE TO CONTACT ME WITH QUESTIONS

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 Virtually serving the entire state of Michigan

