

Laurie Reeder and Deb Collins Do Not Submit Claims to Insurance.

We will provide you with a monthly billing receipt/invoice, also known as a "super bill" upon request. The super bill contains all of the information needed for you to communicate with your insurance company, your flexible spending account, or a health savings account.

Tips for Getting the Most from Your Insurance

Check with your insurance company or your human resources department for specific details about your coverage. Refer to the EOB (Explanation of Benefits) that comes to you from your insurance company.

Ask about out of network coverage. If your health plan covers out of network providers and you are seeing one of us (a provider who does not accept your insurance), complete your insurance claim form and submit it along with the super bill to get reimbursed. If you are unsure about your health plan's claim procedures for out of network providers, contact your insurance company.

Ask about your deductible. A deductible is the amount that you must pay out of pocket before your health insurance makes any payments. If you have an insurance deductible, our services will go towards the deductible.

Submit paperwork to your insurance as soon as possible following the appointment. Many insurance plans have a "timely filing period" which can be anywhere from 60 days to 1 year. If a claim is not submitted within this period it will not be processed. A claim representative from your insurance company can explain the deadlines.

Once you send paperwork in, make a note on your calendar 45 days out with a reminder to follow up. The state of Colorado requires claims be paid or denied within 45 days of being submitted. If you have not heard from your insurance company within 45 days, call them to follow up on the status of the claim. If you receive a denial that you believe is incorrect, call the insurance company right away.

Rights as a consumer. Each health plan has an appeals process. You can appeal decisions about your medical necessity, parity diagnosis, or benefits payable if you disagree with your health plan. Call the member customer service department to get details about your insurance appeals process.

Understand the procedure codes. Sometimes the insurance company will ask about a procedure code. In our office only a few codes are used. The procedure code is listed on the super bill.

Know your diagnosis. The Mental Health Parity and Addiction Equity Act (MHPAEA) requires private health insurance plans to provide equal coverage for mental and physical health services. Colorado law requires certain group health plans to provide the same benefits for specific mental disorders, such as Major Depressive Disorder, General Anxiety Disorder, and Bipolar Disorder, as medical illnesses. A good resource is NAMI Colorado.