BRIGHT FUTURE
PSYCHOLOGY

A CLIENT'S GUIDE TO

Superbills & Insurance Reimbursement

Information to help you understand your evaluation costs and speak with your insurance provider.

A helpful starting point

A superbill gives you the information your insurance company may need to process an out-of-network claim. If your plan includes out-of-network benefits for psychological evaluations, you may receive reimbursement for a portion of your evaluation fee after any applicable deductible.

What is a superbill?

A superbill is a detailed receipt for professional services. It typically includes the provider's information, diagnosis code(s), dates of service, CPT procedure codes, units, fees, and confirmation of payment. You submit it to your insurer when requesting reimbursement under out-of-network benefits.

How the process usually works

1. Contact your insurer about psychological testing and out-of-network benefits.
2. Pay Bright Future Psychology according to the agreed payment schedule.
3. Receive a superbill after services are completed and documented.
4. Submit it to your insurer, which processes the claim and sends an Explanation of Benefits (EOB).

Understanding common insurance terms

Deductible: The amount you pay for covered services before your plan begins sharing costs. Many plans require the deductible to be met first.

Copay: A fixed amount you pay for a covered service, such as $30 for an office visit. Copays are common with in-network care.

Coinsurance: The percentage of the insurer's eligible amount that you pay after the deductible. The plan pays the remaining covered percentage.

Allowed amount: The amount your insurer recognizes for a covered service and uses when calculating benefits.

In-network: The provider contracts with the plan. Members may have a deductible, copay, coinsurance, or a combination of these.

Out-of-network: The provider does not contract with the plan. Plans with out-of-network benefits may reimburse members who submit a superbill.

A simple reimbursement example

Example only

A diagnostic evaluation costs $1,700. Imagine that your insurance plan recognizes the full evaluation fee, you have $200 remaining on your deductible, and your plan reimburses 80% after the deductible is met.

The first $200 completes your deductible, leaving $1,500. The plan would reimburse 80% of $1,500, or $1,200.

In this example, you would receive $1,200 back from your insurance company. Actual reimbursement depends on your plan's benefits and how it processes each CPT code.

Estimated evaluation fees and time

Each evaluation is individualized. The estimates below help with planning; actual codes and units must match the services performed and documented.

Evaluation type	Estimated fee	Estimated total time*	Typical focus
Diagnostic evaluation	$1,700	About 8 hours	Focused diagnostic question, such as ADHD
Dual diagnostic evaluation	$2,400	About 12 hours	Two related diagnostic questions, such as ASD and ADHD
Comprehensive evaluation	$3,500	About 17 hours	Broader cognitive, academic, emotional, behavioral, or diagnostic assessment

**Time estimates assume approximately 30 min for the intake. Individual needs, records, measures, and clinical questions may change the final time and units.*

CPT codes commonly used

CPT code	What it represents	Unit	Our fee
90791	Diagnostic evaluation / intake interview	Untimed	$200
96136	Test administration and scoring by psychologist—first period	First 30 min	$100
96137	Additional test administration and scoring	Each additional 30 min	$100
96130	Evaluation services: interpretation, integration, planning, report and feedback—first period	First hour	$200
96131	Additional evaluation services	Each additional hour	$200

How units may look by evaluation type

Evaluation	90791	96136	96137	96130	96131
Diagnostic ($1,700)	1	1	2	1	5
Dual diagnostic ($2,400)	1	1	3	1	8
Comprehensive ($3,500)	1	1	6	1	12

Questions to ask your insurance provider

Have your insurance card, the CPT codes on the previous page, and a place to take notes. Ask:

- Does my plan include out-of-network benefits for psychological testing and evaluation?
- Are CPT codes 90791, 96130, 96131, 96136, and 96137 covered under my plan?
- What deductible applies to these services, and how much of it remains?
- After the deductible, what percentage does the plan reimburse?
- What is the eligible or allowed amount for each CPT code?
- Are there limits on the number of testing or evaluation units?
- What documents should I submit with the superbill, and what is the filing deadline?
- Can you provide a written benefits estimate and a reference number for this call?

We're here to help

Bright Future Psychology can provide the superbill and anticipated CPT codes to support your conversation with your insurer. Your insurance company makes the final coverage and reimbursement decision, but asking these questions in advance can help you feel prepared and informed.

This guide provides general educational information and is not a guarantee of insurance coverage or reimbursement.