

Step-by-Step Guide for Submitting Your Insurance Reimbursement Request:

Important: If you are a Medicare patient or receiving a discount for service, you are not be eligible for reimbursement.

1. Call your insurance provider

Call the customer service number on the back of your insurance card to understand out of network reimbursement potential and ask about your insurance carrier's preferred method for claim submission.

The information below can be used when calling your insurance carrier

Decription	CPT Code
New Patient Visit	99203 - 99205
Follow-up Visit	99213 - 99215
OMT Codes (Treatment)	98927 - 98929

Carmen Hering, DO
NPI# 1407256993

Vanessa Newman, DO
NPI #1831627447

Live Oak Medicine
Tax ID#81-1164102

Acorn Community Clinic
Tax ID #88-3694738

2. Complete the Claim Form:

Fill out your insurance provider's out-of-network claim form. If you do not have this form, you can usually download it from your insurance company's website or request a copy from their customer service.

3. Attach Necessary Documentation:

Include all relevant documentation with your claim form. This typically includes:

- Superbill: (provided by the clinic) Includes provider seen, services received (CPT codes and ICD-10 codes), dates of service, and cost.
- Paid Invoice: (provided by the clinic) Copies of receipt(s) showing your payment for service

*Please note that upon request superbills and paid invoice can be found in the patient portal

4. Submit Your Claim

Mail or electronically submit your completed claim form along with all the necessary documentation to the address or electronic submission portal provided by your insurance company. Ensure you keep copies of all documents for your records.

5. Follow Up

After submitting your claim, keep track of its status. If you do not receive a response or reimbursement within the timeframe specified by your insurer, follow up with them to inquire about the status of your claim.