

KNOW YOUR BENEFITS.

From Niagara Falls City School District



Out-of-Network Services

Out-of-network care can be very costly, but unexpected medical visits can sometimes occur. Here are the steps for how out-of-network coverage is provided during a medical visit.

Provider

The patient receives treatment. The doctor then sends bill to the insurance company (address on back of the patient's health plan ID card).



The bill for services is then presented to the insurance company. Payment responsibilities are calculated and divided between the patient and the insurance company.



Insurance Company Payment / Explanation of Benefits

Insurance pays for their portion of the bill from the provider. A summary of charges and insurance payments is sent to the patient via the insurance company.



Patient

Patient pays doctor's office for copayments, deductibles, and/or co-insurance that he or she is responsible for.

Going to an out-of-network provider will give you more choices, but an in-network provider is almost always less expensive and easier. The payment for covered services is sent directly to the network provider, which results in less work for you.

If you decide to go out of network voluntarily, there are several resources that can help you make the best financial decisions, such as www.fairhealthconsumer.org. This nonprofit is dedicated to helping consumers receive and estimate health care cost information.

The best thing to do if choosing to use an Out of Network Provider is use the following as a guideline for making an informed decision:

Plan Accordingly. If you know you are a going to be Out of Network, be sure to schedule your doctor visits prior to leaving. If you have prescriptions, ask your Physician for a script to cover the time you are Out of Network.

Be informed. Contact Independent Health @ 800-257-2753 or Blue Cross Blue Shield Customer Service @ 800-329-2792 regarding Out of Network Costs and let them know how long you plan on being out of the area. Pre-certification may be required for services.

Costs. If you choose to go out-of-network, ask the provider's staff how much he or she will charge before your visit. Then, talk to your insurer to find out how much of the cost your plan will cover.

Urgent Care. Urgent Care is covered 100% whether In or Out of Network. If you have an emergency that you seek medical attention for, this would be the less costly option.

Staying in-network not only means less money out of your pocket—it's easier!

And most importantly – remember that you are your own best advocate. Speaking up and asking questions up front will help you avoid being surprised at what you may owe.