

Guidelines For Using “Out of Network” Benefits From the Desk of Jan L. Nix, Ph.D.

For clients who have been accustomed to the convenience of receiving services from a provider who is contracted with their insurance plan, accessing “Out of Network” benefits can seem a bit daunting. In an effort to minimize these challenges, I’ve established some procedures that address the most common client concerns, while maintaining efficient, sustainable billing policies and procedures for my professional service practice. Here are the highlights of what you need to know about using my services if I am not contracted with your insurance carrier:

- **Most insurance plans cover both contracted and non-contracted health care providers, but obtaining information about your specific plan is necessary to insure that you know whether any given health provider’s services will be covered.** The terminology may differ, but more commonly the terms “In Network” and “Out of Network” are used to describe the two levels of benefits offered. “Network” or “Contracted” Providers have agreed to accept a contracted rate of reimbursement for services that is typically significantly less than their “usual and customary”. Most insurance plans will pay a higher percentage of the cost if you use a “Network” provider, and these contracted providers are not allowed to bill consumers for the difference between their normal charges and the contracted or “allowed” rate as determined by the insurance carrier. If you use an “Out of Network” Provider, your insurance plan will usually pay a lower percentage of the “allowable” charges. Unfortunately, what this means is that the consumer can be charged the difference between the “allowable” fee and the provider’s usual and customary fee. As a result, if your insurance plan has particularly low “allowable” fees, the benefits paid may be substantially less than expected.
- Unless I am a contracted provider, I have no way to verify what your plan will “allow” for my most common services, and no means to verify whether you have met any deductible required by your plan. **As a result, I normally find it necessary to require that clients pay my full fee at the time of service. However, because billing insurance is generally the most challenging aspect of accessing “Out of Network” services, I am quite willing to bill your insurance as a courtesy.** I routinely bill insurance electronically the day that services are rendered, and depending upon the efficiency of your insurance carrier, payment may be issued in as little as a few days time. Payment should be made to you directly by your insurer. For most clients, once they have managed payment for the first few visits, insurance checks begin to offset their costs, and fees feel more manageable.
- **If you are an active or former client covered by a plan with which I have terminated coverage (or expect to terminate coverage), we will need to discuss the impact of contract changes given your unique personal circumstances.** For some clients, the shifting of more costs onto them as the consumer is annoying, but manageable. If you are concerned that you may not be able to manage increased co-insurance amounts, then we can address this in a variety of ways, including payment plans, decreased frequency of sessions, or a combination of these options.
- **In an effort to make payment convenient and manageable, I accept both debit and credit cards (Visa, MasterCard, & Discover only).** If we agree to a payment plan, I generally will not send you a regular bill. Instead, I find it more useful to simply update you on your balance each time you come in to see me. With few exceptions, this is more efficient and reinforces the collaborative nature of the therapeutic relationship