

QUESTIONS TO ASK

PREVENTIVE

- HAVE YOU CONFIRMED WITH MY INSURANCE THAT THIS VISIT IS COVERED BY MY INSURANCE FOR MY AGE / FREQUENCY?
- HAVE YOU CONFIRMED THAT ALL OF THE SPECIFIC LABS & TESTS YOU ARE ORDERING ARE COVERED AS PREVENTIVE BY MY INSURANCE COMPANY?
 - IF THE LABS/TESTS ARE SENT OUT FOR PROCESSING, IS THAT COMPANY IN-NETWORK?
 - WILL THE PRIMARY DIAGNOSIS BE PREVENTIVE FOR EVERY SERVICE BEING BILLED?
 - WILL IT BE COVERED AS PREVENTIVE IF YOU ARE MONITORING MY DIABETES, CHOLESTEROL OR HIGH BLOOD PRESSURE FROM LAST YEAR?

OFFICE VISIT

- WHAT IS COVERED IN MY "OFFICE VISIT" COSTS?
 - WHAT TYPE OF SERVICES DO YOU CHARGE AS "OUTPATIENT" OR WILL HIT MY DEDUCTIBLE/COINSURANCE, I.E. LESION REMOVAL, LAB TESTS, XRAYS, SPLINTS, CRUTCHES?
- ARE ALL OF YOUR LOCATIONS/PROVIDERS CONSIDERED IN-NETWORK ON MY MEDICAL PLAN?
- IF YOU ARE DOING LABS/PATHOLOGY, ETC. IN YOUR OFFICE, ARE YOU SENDING THEM TO AN IN-NETWORK LAB AND PATHOLOGIST?
- ARE YOU REFERRING ME TO AN IN-NETWORK SPECIALIST?
 - DOES THIS REQUIRE PRIOR AUTHORIZATION?
 - HOW LONG WILL IT TAKE FOR YOUR OFFICE TO ACTUALLY SUBMIT THE PRIOR AUTHORIZATION? HOW LONG BEFORE I CHECK BACK WITH YOU IF I HAVE NOT HEARD ABOUT AN APPOINTMENT FOR THE REFERRAL?
- ARE THERE CHEAPER OR GENERIC ALTERNATIVES TO THE MEDICATION YOU ARE RECOMMENDING
 - DO YOU HAVE SAMPLES OF THIS MEDICINE THAT I CAN TRY BEFORE BUYING A WHOLE MONTH'S WORTH
 - IS THIS DRUG ON MY PDL?
 - CAN IT BE MAIL ORDER?
 - DO YOU HAVE ANY COUPONS OR DISCOUNT CARDS FOR THE MEDICATION?

OUT-OF-NETWORK PROVIDERS

- WILL YOU BILL MY INSURANCE FOR ME OR DO I NEED TO SUBMIT THIS MYSELF?
- DO YOU "BALANCE BILL" OR WILL YOU ACCEPT MY INSURANCE COMPANY'S PAYMENT PLUS MY DEDUCTIBLE/COINSURANCE/COPAY AS PAYMENT IN FULL?

QUESTIONS TO ASK

EMERGENCY

- IF I HAVE TO GO IN FOR SURGERY IS THIS STILL "EMERGENCY" SO PAID AS IN-NETWORK? OR DO I NEED TO GO TO AN IN-NETWORK FACILITY?
- ARE THE EMERGENCY PHYSICIANS IN-NETWORK?
- IS THIS CONSIDERED A TRUE EMERGENCY?
- AM I BEING ADMITTED AS INPATIENT OR OBSERVATION? HOW WILL THAT AFFECT MY PORTION OF THE BILL?
- IS MY AMBULANCE TRANSPORT COVERED AS IN-NETWORK?
 - IS IT COVERED AS MEDICALLY NECESSARY?
 - IS IT CONSIDERED AN EMERGENCY OR A TRANSPORT?
 - IS THE EMERGENCY TRANSPORT BEING DONE BY AN AMBULANCE OR THE FIRE DEPARTMENT?
 - DO YOU HAVE COVERAGE FOR A FIRE DEPT. TRANSPORT?

SURGERY

- ARE ALL OF THE ANCILLARY PROVIDERS FOR MY SURGERY (ANESTHESIOLOGIST SCHEDULE, P.A., ETC.) IN-NETWORK?
- IF NOT, DO YOU HAVE ARRANGEMENTS TO GUARANTEE THEY WILL ACCEPT THE IN-NETWORK CLAIM WITH NO BALANCE BILLING?
- WILL I HAVE TO PAY FOR ALL OR SOME OF MY SERVICES THE DAY OF, OR BEFORE MY SURGERY?
 - IF SO, HOW MUCH WILL I NEED TO BRING WITH ME?
 - CAN I PAY A DEPOSIT RATHER THAN THE WHOLE AMOUNT SINCE THERE ARE MULTIPLE PROVIDERS AND WE DON'T KNOW WHOSE CLAIM WILL BE PROCESSED FIRST?
 - ARE YOU ABLE/WILLING TO DO THE SURGERY AT A SURGICAL CENTER RATHER THAN THE HOSPITAL?

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

- HAVE YOU OBTAINED A PRIOR AUTH FROM MY INSURANCE STATING/CONFIRMING THAT ALL SERVICES YOU ARE RECOMMENDING (INCLUDING LABS, ETC.), TYPE OF STAY, ETC. ARE COVERED?
- ◦ PLEASE PROVIDE IN WRITING THAT YOU HAVE CONFIRMED THIS WITH MY INSURANCE AND WHAT MY RESPONSIBILITY WILL BE IF WE FOLLOW THE RECOMMENDED COURSE
- ARE ALL POTENTIAL CHARGES CONSIDERED IN-NETWORK FOR MY SPECIFIC INSURANCE PLAN?
 - PLEASE PROVIDE THIS TO ME IN WRITING
- ARE THERE ANY POTENTIAL CHARGES NOT COVERED BY MY INSURANCE?
 - WHAT ARE THOSE CHARGES? IF SPECIFICS ARE NOT AVAILABLE WILL YOU INFORM ME OF NON-COVERED SERVICES AND THEIR COSTS BEFORE THEY ARE PERFORMED?
 - PLEASE PROVIDE YOUR CONFIRMATION TO THIS IN WRITING
 - WHAT ARE MY PAYMENT OPTIONS?