



*South Hills Integrated Psychiatric Services, P.C.*

# My doctor is “Out of Network” with my insurance. What does that mean?

Whether you switched insurance providers or your doctor’s office changed its list of accepted plans, chances are that you’ve heard those dreaded words, “out of network.” But what does out of network really mean to you and what are your options if you want to keep your doctor?

## **What is the difference between in-network and out-of-network providers?**

Out of network simply means that the doctor or facility providing your care does not have a contract with your health insurance company. Conversely, in-network means that your provider has negotiated a contracted rate with your health insurance company.

Health insurance companies would prefer you to seek care from their in-network providers because it costs them less. If you choose to see an out-of-network provider, it will generally cost you more, at least upfront.

## **How common is it to see an out of network provider?**

For other types of physicians this varies widely by region and specialty, however many psychiatrists in private practice don't participate with insurance panels. In fact, more than 50 % of all U.S. psychiatrists in all settings do not participate with insurance.

## **Why would my doctor choose to be an out-of-network provider for my insurance?**

The most common reason a medical practice will choose not to contract with an insurance company is poor reimbursement, meaning the fees approved by the insurance company are insufficient to cover the cost of providing quality care.

## **How does payment work for doctors when they are in-network?**

Insurance reimbursement rates assume that doctors are seeing patients very quickly, for short visits. Many doctors disagree with this practice and the standard it sets- for psychiatrists this number is 3 – 4 patients per hour or 15- 20 min./ appointment, inclusive. If a doctor sees fewer than this number of patients per hour s/he is paid less by the insurance. Many doctors get stuck between doing the “right” thing (i.e. spending the appropriate amount of time with their patients during their appointments) and being able to cover their practice overhead and still make a reasonable living.

## **I don't want to change doctors. What are my options?**

To continue seeing a doctor who is now out of network, you will now have to provide full payment for services rendered at the time of each office visit.

After you have made payment, you have a couple of choices:

- **Submit a claim to your insurance for out-of-network benefits.**

If you submit a claim to your insurance for an out-of-network provider, the insurance company may cover a portion of the expense. Make sure you ask your insurance plan to outline your specific plan’s out-of-network benefits so that you can make an informed decision.

- **Choose to be seen on a cash basis.**

Under this option, you pay a provider directly for your care without filing a claim through your health insurance.

## **What will out of network appointments cost me?**

This, unfortunately, does not have a simple answer because patients may choose to submit appointments to their insurance carriers for out of network reimbursement, doctors must use standardized billing codes to determine the cost of each appointment. And because each patient and each appointment can be different, your doctor can explain the fee structure of appointments and estimate costs for you.

## **Contact Us**

Please feel free to request more information or ask any questions needed---

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