

Questions to Ask Your Insurance Company

While our office makes every effort to help you obtain your out-of-network benefits, it is important that you recognize that there is no guarantee that you will receive reimbursement when you choose to see a non-participating provider.

Our office will submit all claims to your insurance company on your behalf if you choose. *There is specific information that you need to provide us in order for us to submit your claims.* In order to ensure that your claims can be submitted in a timely fashion, please call your insurance company and request the following information. *It is your responsibility to contact our office and give them the information that you receive.*

- My doctor is a non-participating provider. Do I have Out-of-Network benefits?
- What are my Out-of-Network benefits?
- What is my allowable for the following Procedure Codes:
90791 _____
90837 _____
90834 _____
- Do I have a deductible and how much of it has been met?
- Do I need Authorization to see my doctor?

HMO Policies

If you have an HMO, please obtain the following information:

- Will I relinquish my right to be reimbursed if I choose to see a doctor who does not participate with my HMO?
- Does my policy allow for “balance billing”? (This means that your policy allows the non-participating provider to charge their full fee, rather than limiting the doctor to the amount determined by your HMO).

Please contact Jackee or Cass to provide them with this information prior to your first visit. (410) 583-5377 or email them at doctorsoffice660@gmail.com