

# PROFILES

ORAL FACIAL SURGERY EXPERTS

PATIENT INFORMATION

## INSURANCE

### [NAVIGATING INSURANCE]

Understanding your insurance coverage is an important part of pre-op and post-op financial planning.

First, some terms:

#### In-Network Coverage

this type of coverage means your doctor is contracted with your insurance provider

#### Out-of-Network Coverage

this type of coverage means your doctor is not contracted with your insurance provider

#### Surgeon's Fees

cost of performing surgery, including specific procedures, materials, etc

#### Hospital Fees & Anesthesia Fees

cost associated with hospital stay, including facility charges, medication, etc

#### Gap Coverage

some insurance providers may offer this coverage when there are only out-of-network providers available to perform your procedure; it may help you get better coverage than your out-of-network plan, **but not always**

#### Allowable Expenses

expenses eligible for reimbursement by insurance; important for determining out-of-network reimbursement

#### Policy Exclusions

some insurance policies have a "policy exclusion clause" that excludes specific services; therefore, you will have no coverage, either in or out of network for those specified services

### [IN-NETWORK]

In-network coverage is the easiest coverage to navigate. Office staff will work with you to obtain pre-authorization for your procedure.

As an in-network surgeon, we will collect your deductible and co-insurance per your in-network benefits at the time of your pre-surgery workup. You should confirm that your operating hospital is in-network as it is possible to be in-network with the surgeon but not the hospital.

### [OUT-OF-NETWORK]

When no in-network providers are qualified to perform certain procedures, patients may need to utilize out-of-network coverage, which is not always straightforward.

Contact your insurance provider during surgical financial planning to determine if you have options outside of out-of-network coverage, such as gap coverage.

Out-of-network coverage requires surgeon's fees to be paid in full prior to surgery. Certain materials that are customized for the patient (e.g. TMJ Concepts prosthetics) must be paid for before they can be ordered.

Following your surgery, the office staff will file the claim for your reimbursement with your insurance. In the instance that you have a closed insurance policy where a claim can not be filed by our office, no claim will be filed. A few examples of insurances that will not be filed are: Medicare, TriCare, HMO policies and Champ VA.

*Impact of allowable expenses of out-of-network reimbursement*

Service	Cost	Expected Reimbursement	Insurance Allowed Fee	Actual Insurance Reimbursement
Procedure X	\$5,000	\$2,500	\$1,500	\$750