

## Out of Network Insurance

### FAQ

I have Medica and Rejuv Medical is out of network with my carrier. Now what?

#### **What does “Out of Network” mean?**

By being out of network with your carrier means we do not carry a contract with your insurance company.

#### **Do I have “Out of Network” benefits?**

Out of Network Benefits are policy based, this means that your insurance policy you purchased may or may pay for a provider out of your network. What you should do is call your insurance company (the # is usually on the back of your card) and ask what your out of network benefits are.

#### **Will I have to pay more?**

- Possibly, but it is based on your policy. Because you are out of network, we can offer you a discounted rate on your services because we are not contracted to accept their rates.
- In some cases patients end up paying less because their contracted rate is higher than our discounted rate.
- Some policies will pay for services, for example, instead of an 80/20 (where they pay 80% and you pay 20%) they will pay 60/40 (they pay 60%, you pay 40%).
- We will work with you and your insurance to make sure you receive the best care at a fair price.

#### **Why isn't Rejuv Medical “In Network”?**

There are many reasons why a clinic would not be In Network with a certain carrier. Some include coverage criteria, being tied into requirements that cause more problems than solutions for the patient or the insurance company feels saturated with too many providers in a geographic area.

#### **Who will submit my claims?**

We will submit claims on your behalf; however, we will request payment at time of service. Any money due back after insurance has processed will be refund directly to you.