The INSIDE SCOOP

AON

make it yours

The essential question that you're probably not asking.

Ever get a bill from a doctor and discover that—GULP!—that provider is out-of-network and now you're paying A LOT more? But how could that happen? Your regular doctor, who's definitely in-network, set things up, and you even double-checked that the place you were going is in-network. Why are you still getting slapped with a big bill when you thought you were playing by the rules?

Insurance carriers often have a network of *facilities* and a separate network of *physicians*. Assuming that they're one and the same is a common, and costly, mistake.

When you get planned medical care (not emergency care), like an MRI or colonoscopy, you should make sure that *where* you're going and *who's* working on your case are both in-network. Because even if you use an in-network facility, not *every* doctor who works there may be a part of the network. Some doctors, especially certain specialists, may not have contracts with your insurance company. That means you could be billed for out-of-network care, even at an in-network place.

So the next time you need medical care, first make sure the facility is in-network. You can do that by checking your insurance carrier's website or by calling ahead. Then ask the staff: ***"Is <u>every</u> doctor and health care professional who will be involved in my care in my insurance carrier's network?"***

The hard reality is that there *might* be a doctor involved in your case, somewhere along the line, that isn't in-network ... like the anesthesiologist keeping you comfortable, the radiologist reading your X-ray, the pathologist examining your tissue sample, or the neonatologist taking care of your baby. And if they're not in-network, the bill from that doctor will likely be MUCH higher. So ask the question up front and you could save LOTS of money.