

# FREEDOM OF CHOICE: UNDERSTAND YOUR OUT-OF-NETWORK BENEFITS

## Frequently Asked Questions



### **My surgeon referred me to this surgery center which is an out-of-network facility. What does that mean?**

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Insurance carriers often refer to our surgery center as an out-of-network facility, much like many other specialty clinics in medicine. This does not mean we do not accept your insurance, but rather, it means we do not currently have a contract with your particular health insurance provider. However, if you have an insurance policy with out-of-network benefits (i.e., a PPO policy), you have the additional benefit of visiting physicians and surgical facilities that are outside of your insurance carrier's network.

### **What are the benefits of going to an out-of-network surgical facility?**

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Many people choose a costlier PPO policy because it generally provides more flexibility, and thus the ability to make optimal healthcare choices, when compared with an HMO policy. The extra premium you're paying for grants you freedom of choice. Your surgeon has recommended you to this facility because the care you need is ideally suited for an outpatient procedure, rather than a costly and lengthy hospital stay, for example, and also because this facility has the essential supplies, equipment and experienced staff to treat your particular procedure.

Likewise, our surgery center chooses to stay out-of-network with insurance companies to maintain its own flexibility in optimizing your treatment. By staying out-of-network, our facility can tailor its operations to suit its surgeons, its surgeries, and, most importantly, its patients.

In contrast, in-network providers are contractually obligated to adhere to insurance companies' strict guidelines regarding where, when, and by whom a surgery is authorized to be performed—sometimes right down to the specifics of how a particular procedure can be performed!

## **What kind of bills and statements can I expect to see after my visit to the surgery center?**

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After your surgery, you will receive a statement called an “Explanation of Benefits” (EOB), which simply itemizes the fees charged and the allowable amount covered by your insurance company. After receiving the EOB, you will subsequently receive bills from several offices: your surgeon, your anesthesiologist (if applicable), and from us, the surgery center. Consistent with the EOB, our surgery center’s bills will show the amounts you are responsible for, as determined by your particular PPO insurance policy, less any payments you’ve already made.

## **What should I do after I receive the surgery center’s bill?**

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CALL US at 855-776-4321 (toll-free) or call our Patient Liaison, Lauren Pohlman at 347-491-0293. Upon receipt of the bill for the surgery center expenses, we strongly urge you to immediately contact our Patient Assistance department. Our Patient Assistance department is here to help you understand your statements and will clearly explain how costs are derived. We realize medical billing and insurance may often be difficult to understand (and insurance companies are often incorrect!), therefore our Patient Assistance department will help double-check accuracy and assist in getting your insurance company to pay a fair amount and its fair share of your surgery expenses.

## **What if I have concerns paying the bill?**

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In the event you have difficulty paying your surgery center bill, our Patient Assistance representatives will be happy to assist you with financial arrangements. They are equipped to offer you a wide range of payment options and financial assistance plans. Our goal is to help make your surgical experience as painless as possible. We certainly don’t want financial issues to get in the way of your physical recovery.

## **Still confused? Have more questions?**

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Once again, for any questions or concerns regarding coming to our out-of-network facility or your surgery center statements, please call our office at 212-751-2100.