



Physician Information

Everything You Need to Know to Become a Smarter Healthcare Consumer



Switch Doctors

So, you are thinking about switching doctors or you have already found a new doctor and want to switch to their practice. If you are still in the thinking stages, remember shopping around for a new doctor is important. Talk to friends and family if they have any experience with your possible candidates or get a second opinion from your other healthcare provider(s). Depending on your health status, you could see your doctor rarely or quite often. In either case, make sure the doctor you choose is one with the professional and personal skills you want in a healthcare provider.

In-network vs. Out-of-network

If you are still in the process of choosing a new doctor, has the issue of in- versus out-of-network come into play? When an insurance company has no contract with a provider, the provider is considered out-of-network. That means there is no negotiated rate between the insurer and provider, and all bets are off. Additionally, you may be responsible for a larger portion of the bill. If the provider is considered in-network, the insurer is a guaranteed payor. That means that the insurance company assures payment of the expenses incurred on your behalf to that provider.

Your insurer typically provides access to a directory of doctors who are in-network. However, as that list can change quickly for a number of reasons, the only way to be certain is to check with the physician's office. It is best to specifically ask them if they are part of your insurance network.

Remember, just because a provider is in-network, it does NOT mean all the healthcare services and treatments you receive will be covered by your insurance plan. Using an in-network provider simply means you get the services at the negotiated rate. What your insurance ultimately will cover is outlined in your policy and varies between insurance companies and plans.

I've chosen a new doctor- now what?

Now that you have decided on your new doctor, the first step is calling their practice and setting up an appointment. You can simply call their office, ask if there are any openings, and tell them the name of the physician you are switching from and their address.

Your office visit to this provider may be a little more expensive. This is because your first office visit usually costs more to be set up as a new patient. Also, once your new doctor has agreed to treat you and take you on as a regular patient, you will need to have your medical records forwarded from your old doctor's office. Be sure to follow-up and contact your new doctor to confirm your records were received. Your new doctor's office may initiate this process for you, but you should verify if they will take care of it or if it is your responsibility. Keep in mind that there may be cost associated with acquiring copies of your medical records for your new doctor.

The First Appointment

While you may already be on a prescription or treatment regiment for current health conditions, don't be surprised if your new doc asks lots of questions about how those prescriptions are working for you and about prescriptions and treatments you have tried in the past. Remember, they are now liable for you as their patient. So, their questions and re-evaluation are not because they do not trust your previous physician's judgment. They need to verify for their own sake that all the correct steps were taken and that your prescriptions and treatments are truly the best fit for you.

Take this time to let your new doctor know any problems you may have had with your previous physician and any health concerns that may not have been addressed yet. Your first visit is a good chance to give your physician a clear idea of where you are coming from and what you expect as their patient.

TERMS TO KNOW

In-Network: refers to providers who are contracted with an individual's insurer to provide services at a pre-determined rate.

Out-of-Network: refers to providers who are not directly contracted with an individual's insurer to provide services at a pre-determined rate. Most insurers maintain a capitated contract with the providers commonly used by their insured. Many of these contracts are regionally confined since insurers are authorized on a state by state basis as a result of ERISA.

Providers: are anyone who provides medically related services that can be reimbursed. A provider may be a physician, dentist, clinic, hospital, pharmacy, lab, physical therapists or other allied practitioners.

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