

THIS FORM MUST BE PRESENTED TO THE PATIENT / SUBSCRIBER AND ENDORSED TO ENSURE UNDERSTANDING OF THEIR POTENTIAL FINANCIAL RESPONSIBILITY.

Understanding My Financial Responsibility



Mail or fax completed form to:

Address: **Beat It! Employee Assistance Programs**
20079 Stone Oak Parkway, Ste. 1105-158
San Antonio, TX 78258

Fax: 800.828.3939

Last Name	First Name		MI
Street Address	City	State	Zip
Email Address	Daytime Phone	SSN or Medical ID	

In-Network vs. Out-of-Network Providers

To avoid unexpected healthcare bills it is important to understand the distinctions and how your plan works. Knowing what an in-network vs. an out-of-network provider is can help to save you money on overall healthcare costs.

What is the difference between an in-network and out-of-network provider

To save money, most healthcare plans provide access to an organization of providers and healthcare providers. These providers must meet certain credentialing necessities, are vetted and accept a discounted rate for services under the plan. These healthcare suppliers are considered in-network.

Should a provider not have an agreement with your plan, they're considered out-of-network and can charge you the maximum. It's typically much higher than the in-network limited rate, and you are responsible for the balance.

Why does out-of-network care cost more?

- You're most likely paying full price. When there is no contracted relationship with out-of-network providers, the plan can't control what is charged for services. Furthermore, the provider may not meet specified criteria and rates might be higher than the limited in-network rate.
- You may need to pay the difference. If your provider's claim is higher than what the plan's contract will pay, you may need to pay the difference. Many plans list a fee that is the most they'll pay for a specific out-of-network service. If the provider charges more than your arrangement is willing to pay, you could be responsible for paying the difference along with your deductible, copay or potentially coinsurance. In-network providers have made a deal to avoid charging you more than the settled upon cost.
- A copay is the fixed-dollar amount you pay for your plan's covered services at the time you get care. There are no copays when you utilize an out-of-network provider. However, you are responsible for paying the coinsurance, or a percentage of covered charge. This could be considerably more than the in-network copay or coinsurance sum.

In-network vs. out-of-network cost example

Out-of-network expenses can pile up quickly. In the event that you require immediate or serious care, it can mean paying a lot more. Here's an example of a provider charging for substance abuse treatment:

OUT-OF-NETWORK	IN-NETWORK
Provider charges \$35,000	Provider charges \$35,000
Your plan will cover \$10,000	Your plan will cover \$10,000 (the contracted rate)
Provider charges you for the balance of \$25,000	Provider is not allowed to bill you the balance.

Provider Networks

When you select a plan, you will normally have access to particular "network" or there might be many networks available depending on they type of provider you are seeking. For example, Beat It! has an exclusive network of providers for substance abuse and mental health in addition to your plan's medical coverage network. It's critical to comprehend these distinctions while picking a provider to meet your particular needs.

Date	Print Name of Patient or Authorized Person
Signature of Patient or Authorized Person	
<p>My signature above indicates that I have read and understand the difference between an in-network admission and an out-of-network admission. _____ is out-of-network and this admission may only be authorized as an out-of-network. I have been informed that I may have significant financial responsibility and may be responsible for any or all costs not covered by the health plan.</p> <p>I also understand and acknowledge that Beat It! Is not a claims payor and that final claims payment is at the discretion of the health plan.</p>	