

# Questions to Ask Your Provider (Medical and Dental)

## “Know before you go”

- If you are covered by insurance, your out-of-pocket expenses will generally be higher if your provider does not participate in your plan’s network or is ranked in a tier with a higher co-pay.
- Providers may be open to offering discounts when they do not participate in your network. Consider negotiating fees in advance.
- The name of your network usually appears on your ID card.

**Don’t forget to bring your plan ID card to your appointment!**



**1.** Do you participate in my plan’s network?  
If not, how much can I expect to be billed for my visit?

**2.** Will my insurance plan’s payment cover the full cost of this out-of-network visit? If not, will you expect me to pay the difference between your bill and what you are paid by the insurance company? If you participate in another network, are you willing to accept their payment amount as full payment for this visit/service?

**3.** Will you file claim forms for out-of-network services on my behalf?

**4.** What tests/lab work will be ordered for my visit? Will they be covered by my health plan? If performed elsewhere, are the facilities performing the tests/lab work considered “in-network” under my plan?

**5.** Will your office check with my plan to determine if pre-authorization is required for any tests or procedures?

**6.** Will you be performing or ordering services not typically covered by my plan?

**7.** Can you tell me which procedure codes you will likely submit for the services I will receive? (CPT® or HCPCS codes for medical; CDT® codes for dental.)

**8.** Do you offer payment options, discounts, or otherwise negotiate your fees, for services that are out-of-network or not covered by my plan?

**9.** Are the medications you prescribed covered by my plan? If not, is there a less expensive alternative such as a different brand or generic option that is covered? If you are prescribing a drug that must be administered in the physician’s office, is there an alternative such as a pill or injection that can be self-administered?

**10.** Will my surgery/procedure be performed at an in-network facility? Will all of the providers (anesthesiologist, radiologist etc.) that I see at the hospital or outpatient facility be part of my plan’s network? If not, can you provide me with contact information for these providers so that I can obtain information to help me plan for my healthcare expenses?

**Make a note of the date and the name of the person you speak with.**

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