



# INSURANCE COMPANIES IN-NETWORK VERSUS OUT-OF-NETWORK

Private health plans encourage physicians to join “networks” in order to reduce the cost to the Carrier, and increase its earnings. Under this arrangement the physician enters a contract whereby the practice’s obligations include the acceptance of various terms that allow the practice to be influenced by the health plan in various ways with the goal of cost saving for Carrier. **Some of these obligations influence the practice of medicine in a manner that we believe may not be in the patient’s best interests.** This practice believes firmly that the providers should be influenced only by what is in the best interests of the patient rather than what is in the best financial interest of the Carrier, and the only contract that should be in place should be between the Provider and Patient, not between the Provider and the Carrier, with the Patient in the middle. As such, this practice does not enter all contracts with Carriers, and as a consequence is not a participating provider in many carrier networks.

**With the new health care laws MD Health Clinics Providers may not be a participating entity/provider with your insurance.** This means that our practice may not be in your insurances network of providers. As a service and courtesy to you, if you choose, we bill your health plan for you, subject to your out-of-network benefits, so that you don’t have to. If approved we may accept the payments from your health plan.

**NOTICE TO PATIENTS: Some Carriers do not accept assignment of benefits; this means that once the insurance processes the claim they will issue the payment directly to you.** These checks are issued to reimburse services rendered by the provider and checks need to be forwarded to this business office to offset your account balance. In order to secure payment to the practice for MD Health Clinics services, patients with these Carriers must elect either to:

1. \_\_\_\_\_ Forward all checks and correspondence from Carriers to our office at 14591 Newport Blvd., #100, Tustin CA 92780, or
2. \_\_\_\_\_ Secure your balance by providing a credit card to be charged at the time payments are issued by Carrier, or
3. \_\_\_\_\_ Pay for services in advance and recover those amounts when paid by Carrier.

I have read and understand to the terms and information set forth above.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_