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| September 11, 2015- update January, 2016.RE: “Out of Network” Third Party Coverage**Background:** For business and professional reasons we do not have any agreements with third parties outside of Medicare. The implication is that most patients, unless steps taken as outlined below, would have to pay out of network costs in order to receive our specialized care.**Suggestions/Recommendations:** Patients who seek specialized care through us are advised to appeal to their third party to assure that our specialized services are covered as they would be for any “in network provider.”Under Washington State law as confirmed through the Insurance Commissioner’s office, commercial third party carriers are required to assure ready access to all medical care needed by a patient. In general, this is interpreted as a distance generally within a 30 mile radius. It is not intended to be interpreted as 30 miles as “the crow flies” which of course is pertinent for those living on the peninsula. Besides being near access has to be convenient. Having to take a ferry is generalized not considered convenient. Since there are no other options on the peninsula of specialized care both in addiction medicine and pain management we have yet to have a case where a commercial third party has refused covering our services as an “in network” provider. Of course, the third parties prefer to avoid paying for “out of network” services so some persistence is frequently required.The first step to initiate the process is for you to call and discuss your case with your insurance and formally request “in network coverage” for our services. Each third party deals with these requests differently. If there are forms or applications which your third party requires us to complete there will be a $50 administrative fee for same. Please call and talk with our medical biller directly if you discover that your third party requires forms to be completed. Some third parties will limit coverage to a few months. It is a patient’s responsibility to assure ongoing coverage. We will continue to require upfront payments for any ongoing service and will credit accounts appropriately when we receive third party payments. The complexity and problems with dealing third parties is daunting and not infrequently interferes with patients getting necessary and indicated medical care, even when a patient has “full coverage.” I think it is time for us all to let our legislators know and promote the political will to change our “broken” medical payment system J.K. Rotchford, M.D.Medical Director |  | 1136 Water StreetSuite 107Port Townsend, WA 98368-6728360.385.4843 Fax: 360.379.1441[www.OPAS.us](http://www.OPAS.us)drrotchford@opas.us |