

# RAYMOND B. RAVEN III, M.D.

Hand & Upper Extremity Surgeon

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## OUT-OF-NETWORK POLICY

### **What is the difference between In-Network and Out-of-Network provider?**

An “in-network” provider is one contracted with your insurance carrier to provide services for discounted rates. The rates are often less than what Medicare reimburses for the same services. An “in-network” provider accepts the lower rates in exchange for referrals from the insurance carrier. Since the rates are so low, the “in-network” provider must see a lot of patients in order to cover expenses. Dr. Raven is an “out-of-network” provider and therefore is not contracted with your insurance carrier. As long as your plan has “out-of-network” benefits, most services are covered. Although your out of pocket expense may be a little more, you will have more time with Dr. Raven and more personalized service from his staff.

We will work very hard to make this process work smoothly for you. As a courtesy, the office will bill your insurance carrier. Your insurance carrier will reimburse you what they decide to pay for services. Insurance carriers often pay “out-of-network” fees directly to you (the insured). If your insurance carrier pays our office directly, you will receive a refund within 30 days of payment (up to the amount you paid).

### **What is my financial responsibility for services?**

The fee for an “out-of-network” consultation is TBA. This fee does not include x-rays, procedures, splints, casts or other materials/services. Fees for procedures/materials and other services will be collected at the end of each visit. The fee for future office visits for the same problem is TBA (not including procedures, casts, splints, braces and X-rays). The fee for established patients with a new/different problem is only TBA (not including procedures/materials).

### **What if I need a major procedure (fracture care or surgery)?**

If your condition requires a major procedure (fracture care or surgery) there will be an additional fee. The fee is determined by the diagnosis and type of procedure. As a courtesy, the initial consultation fee will be applied to the cost of the procedure. The fee for a major procedure includes all future office visits for 90 days (not including X-rays, casts, splints, braces, injections). The fee for office visits after the 90-day global period for the same problem is TBA.

### ***I understand and accept the Out-of-Network Payment Policy***

\_\_\_\_\_  
Patient/Insured

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date