

Thomas Finch, M.D.

80 8th Ave, Suite 1308

New York, NY 10011

Phone: (646) 779-7796

Out of Network Benefits

Dr. Finch does not participate in any insurance plans, but he is considered an out-of-network provider. Many health insurance plans offer substantial out-of-network benefits which will reimburse a generous portion of your treatment costs. In many cases, employers provide two choices of insurance plan; one with only in-network coverage and one with both in-network and out of network coverage. Dr. Finch will provide you with an itemized receipt that contains the necessary information for you to be reimbursed by your insurance company, if they do so.

Most plans have an annual deductible, which must be met in full before coverage is provided. Beyond that amount, many plans cover a percentage of the cost, up until an annual out of pocket maximum is reached. Past that point, plans may cover some or all the additional annual costs. Additionally, many benefit packages include the option for a healthcare flexible spending account, which allows for out of pocket costs, up to a certain amount, to be paid with pre-tax money.

In order to find out more, call the number on the back of your insurance card and ask your representative the questions below. Be sure to note the date and time of the call, and ask the representative for his or her name and direct phone number.

- “Does my insurance plan include out of network benefits for outpatient behavioral/mental health? If so, what are those benefits?”
- “Do I need to obtain prior authorization to have these services covered?”
- “Does my plan have an annual deductible and/or out-of-pocket maximum that I am expected to meet before my benefits kick in? If so, what are those amounts?”
- “When my benefits do kick in, how much will be covered by insurance, and how much will I be responsible for?”
- “Are there specific claim forms that I must submit and is there a time frame in which the claims must be sent in? Where do I submit the claims?”