

PREVENTIVE CARE SCREENING  
Protect your health and your wallet!

**Take these steps to ensure that your screening is fully covered!  
The screening I am having is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Preventive Care services are typically covered at no cost IF you stay in the network of providers listed by your insurance plan.   
If you go a facility or doctor that is not in your insurance plan’s network, your coverage may not apply and you could get a bill.

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**1. ASK Where**

|  |  |
| --- | --- |
| **Name I Need:** | **I spoke with (Name and Date):** |
| Name of the **Facility** where I will have the screening: |  |
| Ask the Facility if they have a facility fee that is not covered by insurance: |  |

You need to know if the place where the preventive care is done is in network. Ask your doctor or the doctor performing the preventive care screening.

**2. ASK Who**

|  |  |
| --- | --- |
| **Name I Need:** | **I spoke with (Name and Date):** |
| Specialist or Practice Performing the screening: |  |
| Radiologist or Radiology Practice reading images (if applicable): |  |
| Anesthesiologist or the Anesthesiology Practice (if applicable): |  |
| Pathology or Lab that will perform any necessary testing: |  |

You need to know if all of the people involved in the preventive screening are in network. Ask your doctor or the doctor performing the preventive care screening.

WHAT IS A NETWORK? A list of doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members.  
WHAT IF I STILL GET A SURPRISE BILL? NYS has laws for consumer protection! Visit [www.dfs.ny.gov/consumer/hprotection.htm](http://www.dfs.ny.gov/consumer/hprotection.htm)

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**3. CONFIRM with Insurance**

|  |  |  |
| --- | --- | --- |
| **Person or Place** | **In Network?** | **I spoke with (Name and Date):** |
| Facility | □ Yes □ No |  |
| Specialist or Practice | □ Yes □ No |  |
| Radiologist or Radiology Practice | □ Yes □ No |  |
| Anesthesiologist/Anesthesiology Practice | □ Yes □ No |  |
| Pathology or Lab | □ Yes □ No |  |
| **Preventive Screening and Diagnostic Responsibility Notes.** I spoke with: Date: | | |

After you ask, you need to contact your insurance. Confirm that everyone on your Where and Who list is in network. If they are not in network, ask for options that are and confirm with your doctor. Ask about your cost responsibilities.

Ask what your cost responsibilities are for screening AND diagnostic colonoscopies.