MGE management experts

SAMPLE SCRIPT
EXPLANING IN-NETWORK VS. OUT-OF-NETWORK BENEFITS TO A PATIENT

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Important Notice for the Practice: This sample script is provided for training and educational purposes only. It is not a full representation of how every practice should handle this situation, nor does it replace your standard communication procedures, front desk protocols, or patient intake steps.

Please review this script with your team and adapt the wording to fit your practice's:

- communication style
- doctor preferences
- insurance participation history
- state regulations and contract requirements

Before using this script, staff must:

- confirm the patient's specific insurance plan
- verify whether the plan includes out-of-network benefits
- follow all normal patient-identification and intake procedures

IDEAS FOR EXPLAINING IN VS. OUT OF NETWORK BENEFITS TO A PATIENT

"Insurance can **definitely** seem **confusing,** so here's an easy way to break it down.

You have a PPO plan, and PPO plans automatically include *two* types of benefits:

- In-network benefits
- Out-of-network benefits

Your plan allows for both **(ensure it does before stating/explaining this)**, and your yearly maximum is exactly the same no matter which one you use. So, nothing changes in terms of how much your plan gives you each year.

For your cleanings, exams, and X-rays, you won't have any extra out-of-pocket cost compared to before. Those are still fully covered, just like they've always been.

If the doctor ever recommends something that involves a copayment, we always verify your benefits **completely** and go over everything with you before any treatment is started.

So, you'll always know exactly what your plan covers and what to expect.

The most important thing to know is this:

- Your preventive care (cleanings, exams and X-rays) are still fully covered,
- Your yearly maximum is the same, and
- Your PPO plan works both in and out of network.

So yes, you can continue your care here just like before."