

Understanding Out-of-Network Insurance

If your health insurance provider does not have a contract with Cleveland Clinic, this means that you have an out-of-network, or non-contracted, insurance plan and you will be billed for all services.

At Cleveland Clinic, we want to be completely transparent with you about the cost of your care. Here are answers to frequently asked questions about out-of-network insurance coverage:

What is out-of-network insurance?

Cleveland Clinic has contracts with hundreds of insurance plans, but not all plans are part of our large network.

Visit [ccf.org/insurance](https://www.clevelandclinic.org/insurance) to locate your insurance plan. If you do not see your insurance plan on our list of Accepted Insurance, then Cleveland Clinic does not have a contract with it. The list is subject to change so we also recommend you check with your health insurance provider to confirm that Cleveland Clinic is included in your plan. *Please note:* Your insurance plan may have a contract with some Cleveland Clinic hospitals, facilities and providers, but not others.

Out-of-network insurance plans are not required to pay Cleveland Clinic for your care. This means you will be financially responsible for any balance not covered by your insurance provider.

How do I find out if my insurance is out-of-network?

First, look for your insurance plan on our list of Accepted Insurance at [ccf.org/insurance](https://www.clevelandclinic.org/insurance). A scheduler will discuss out-of-network coverage with you when you call to schedule your visit or procedure. You can also call your insurance provider to find out if it has a contract with Cleveland Clinic.

If your insurance plan is out-of-network, the scheduler will advise you to speak with a Cleveland Clinic Patient Financial Advocate. The Patient Financial Advocate will call you to discuss an estimate of potential costs, your financial responsibility and options.

Do out-of-network health insurance providers ever make exceptions for coverage?

Yes, out-of-network insurance plans sometimes authorize medically necessary care, offering one-time coverage for services. Even though your insurance has approved your service, they do not guarantee payment.

If your insurance provider decides that your care is medically necessary, Cleveland Clinic will attempt to obtain an authorization and Single Case Agreement from the insurance provider, which can take several weeks.

How much will I owe Cleveland Clinic if my health insurance provider does not authorize care?

If your insurance provider does not authorize your care or provide a Single Case Agreement, the Patient Financial Advocate will give you an estimate for your care.

You will be required to pay 50% of the estimate in order to proceed with scheduling your care.

Can I talk to a Patient Financial Advocate at any time?

Yes. Our Patient Financial Advocates are here to support you and answer your questions whenever you seek care at Cleveland Clinic. Please feel free to contact a member of our team at insurancehelp@ccf.org or 855.831.1284.