

# Are My Doctors and Other Healthcare Providers In Network?

Use this form to make a list of who will be involved in your care and where your care will take place to confirm that all your providers are in network.

**Who Will Be Involved?** Work with your primary care provider, specialist healthcare professional, or facility to make a list of who will provide services during your procedure. Here are a few tips:

- Ask for the name of the individual healthcare professional. This information may not be available until shortly before your procedure.
- If the person’s name is not available, get the name of the practice group that provides the services. Examples of services provided during and after a procedure include anesthesiology, pathology, radiology, and physical therapy. Ask if your procedure will require services from other healthcare professionals.
- Check network status with both your health plan and the individual healthcare professional or practice group.
- If you discover that a healthcare professional is not in network, go back to your health plan and your primary care provider or specialist to help you find an in-network alternative.

Service Provided	Individual Healthcare Professional's Name (if available)	Healthcare Professional's Practice Group Name	Who I Spoke with at the Health Plan (name and date)	Who I Spoke with at the Practice Group (name and date)	In Network?

**Where Will My Care Take Place?** Work with your primary care provider, specialist, or facility to find out where you will get care. Here are a few tips:

- Get the name of the facility and ask what part of your procedure will take place there. Examples of facilities include hospitals, outpatient surgery centers, or rehabilitation centers. Ask if there are any other facilities where you will receive care.
- Check network status with both your health plan and the facility.
- If you discover that a facility is not in network, go back to your health plan and your primary care provider or specialist to help you find an in-network alternative.

Name of Facility	What Will Take Place Here?	Who I Spoke with at the Health Plan (name and date)	Who I Spoke with at the Facility (name and date)	In Network?