Questions to Ask Your Insurance Company

Below are helpful questions to ask your insurance provider before receiving care. You may need information about MD Anderson:

The University of Texas MD Anderson Cancer Center    Tax ID 74-6001118 and NPI 1174582050
Physicians Referral Service    Tax ID 76-0273984 and NPI 1073574810

- What type of insurance plan do I have?
- Is MD Anderson Cancer Center considered in-network for my health plan?
  - If so, here are some follow-up questions to ask:
    - Does my insurance plan cover physician costs, as well as inpatient and outpatient hospital services?
    - Does my insurance plan cover prescription medications and chemotherapy medications?
    - What percentage of my bill does my insurance cover? What am I required to pay?
    - What, if any, are my co-payments and/or deductible amounts? Have I met my out of pocket requirements? How much is remaining for the fiscal/calendar year?
  - If MD Anderson Cancer Center is not in your provider network, and you are out of network, ask:
    - Does my plan offer access to The University of Texas MD Anderson Cancer Center through a national rental network?
    - Does my plan have out-of-network benefits? If so,
      - If I choose to go out-of-network, what percentage of my bill will be paid by the insurance company?
      - What do I have to pay?

- Does my insurance plan offer any additional coverage through special networks for treating medical conditions such as cancer?
- Does my policy have an out-of-pocket maximum? If so, ask:
  - If my out-of-pocket expenses reach the maximum, will the insurance carrier ever reimburse at 100%?
    - If so, does this mean that my claims will then be paid in full, or will I still be responsible for the difference?

- Before I see a doctor at The University of Texas MD Anderson Cancer Center, do I need a referral from my primary care physician? Will I need an authorization from my insurance carrier?
- Will I be covered for any testing, pathology, or radiology charges that may be incurred as part of my initial consultation with a University of Texas MD Anderson Cancer Center doctor?

Review the next page for more information.
Understanding medical bills

The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers.

Self-pay or uninsured patients have a right to receive an estimate for the total expected costs of any non-emergency items or services. This is called a Good Faith Estimate.

Get more information at MDAnderson.org/InsuranceandBilling.

Charges for facilities and physicians

MD Anderson is one organization with many locations across Houston. This allows you to get the cancer care you need, at a location convenient for you. Outpatient services are provided at all locations. At the Texas Medical Center Campus, both inpatient and outpatient services are provided.

For billing purposes, MD Anderson facilities are called provider-based locations. Another term is hospital outpatient clinic.

Based on your insurance plan benefits, your insurance company may process separate claims with coinsurance and deductible amounts for physicians and for hospital services (also called facility resources) provided at MD Anderson locations.

This means you may receive two bills for each service received, one for the physician’s services and another for the hospital or facility resources.

Your insurance plan may assign additional patient responsibility for diagnostic imaging services such as MRI or CT at MD Anderson.

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