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PATIENT NOTICE REGARDING NETWORK ARRANGEMENTS/DEDUCTIBLES

Practitioners in this office have contractual relationships, i.e. we are “participating providers” with the following insurance companies: most commercial CDPHP plans. We may also have similar arrangements with a few other companies. This means that we have agreed to provide medical services to patients with these insurance plans, and that the patient with these plans are responsible only for any copayment, considering deductibles as well, determined by your insurance company.

When you are seeing a medical professional who is not participating with your medical insurance plan, often called a "non-participating provider," your insurance plan will not provide direct payment to the professional for services, and you will be solely responsible for payment of professional fees. Examples of insurance plans with whom we do not have contractual relationships, i.e. we are “non-participating providers,” include Aetna, CIGNA, Optum, ValueOptions, and others.

For many reasons, patients often choose to seek treatment with mental health providers who may be “network providers” with their insurance companies. You may want to contact your insurance company if you would like to research participating providers in their network.

If you have an insurance plan with which we do not participate, it may be possible to get your insurance company to reimburse you in part for some costs incurred from medical care provided by an out-of-network provider. This is called an “out of network” benefit, and many insurance plans have them.

If we do not participate with your insurance plan but you remain interested in seeking services here, we suggest that you call your insurance company to inquire whether you have an “out-of-network” benefit available to you. If this benefit is not available to you through your individual plan, private pay arrangements may also be made.

If your insurance plan does provide “out-of-network” benefits, it is our usual office procedure to request payment in full at time of service, after which our office will submit an insurance claim on your behalf with your insurance company. This is often necessary and sufficient for you to receive partial reimbursement directly from your insurance company. As a non-participating provider, our office should not receive any payment directly from your insurance company, as any reimbursement should go directly to you. If we do receive such payment in error, we will notify you and attempt to correct the error immediately.

If your insurance plan does provide this benefit, you may also need to know whether there is a “deductible”, a preset spending amount determined by your insurance company which must be met before they may issue any payments for expenses above the deductible.

Please also be aware that many insurance plans now have significant deductibles for in-network providers. If this situation applies to your insurance plan, this requires that you are responsible for all office charges until the deductible amount determined by the plan has been reached, before your insurance company will allow payment for future claims. Once the deductible has been met, usually you are only responsible for a copayment, the amount determined by your plan.

I realize these issues may be complicated, please discuss these issues with administrative staff and/or your clinician.