

Current Contracted Insurance Providers:

- AETNA
- AMERIGROUP
- CIGNA
- FIRST CHOICE
- HEALTHNET
- HUMANA
- KAISER
- LABOR AND INDUSTRIES
- MEDICAID OREGON
- MEDICAID WASHINGTON
- MEDICAID IDAHO
- MEDICARE
- MOLINA
- OPTUM
- PACIFIC SOURCE
- PROVIDENCE HEALTH SERVICES
- PREMERA
- REGENCE
- REGENCE FEDERAL
- REGENCE MED ADVANTAGE
- SEDGWICK
- SAIF
- TRICARE
- UNITED HEALTHCARE

Patient out-of-pocket costs and balance billing

To the patient, cost is the amount payable out of pocket for healthcare services, medical equipment and supplies. For orthotics & DME, this includes deductibles, copayments, coinsurance and amounts payable for equipment not included in the patient's benefit package, or for services provided by out-of-network providers. The amount out-of-pocket a patient is willing to pay depends on individual preferences, financial situation, and priorities.

Additionally, the Internet makes it easy for patients to research the cost of orthotics & DME. Ordering bracing and other medical products (that don't require a prescription) online can offer significant savings. But, this may be considered "out-of-network," possibly subjecting patients to a hefty deductible.

For patients, the benefits of purchasing through their physician – getting the right product fitted correctly, better service, and recourse if there are problems with the device – can offset the sometimes added expense.

Patients may not understand that provider estimates are just that: estimates. Insurance companies set the reimbursement pricing, not the provider or supplier. Clear communication upfront means patients are able to make better-informed decisions about their care and can become more engaged with the provider.