

Legislation of similar nature needs to pass.

Here is our story...

Last year, my wife was seizing, so I called 911 and requested an ambulance. However, our policy only covered ambulance services from an 'in-network' provider, and of course the local ambulance who was called was out-of-network, and we had to pay over \$1,000.00 out of pocket.

Of course I was happy they arrive quickly and my wife is okay to this day.

However, now we feel that whenever we call for an ambulance, we need to say.... 'We need an ambulance, but our insurance only covers ambulance providers who are in our policy network. Therefore, although my wife is seizing and foaming out of her mouth at the moment, please call around and only send us an ambulance who is in our policy network, no matter how far they are from us.'

Crazy. We need legislation to that will allow all emergency ambulance services to be processed as 'in network.'

Then, the ambulance took my wife to a local provider who happened to be a 'preferred' in-network provider. Good thing, because we didn't have a choice of where they were taking her. They just told me 'We are taking her to XYZ hospital. Meet us there.'

However, although she was taken to an in-network provider for emergency treatment, we received bills later from an out-of-network provider. We found out that the ER physician who serviced my wife was working for another, outsourced company (who was hired by the in-network facility).

Now we feel that wherever we go for any type of medical care, we need to say, 'We understand that we are at an in-network location/facility. However, please confirm if we will be serviced by an in-network or an outsourced, out-of-network physician.'

Crazy. Legislation needs to pass.

Regards,
MWB