

Crane Center Roadmap to Surgery

We Are Here For You

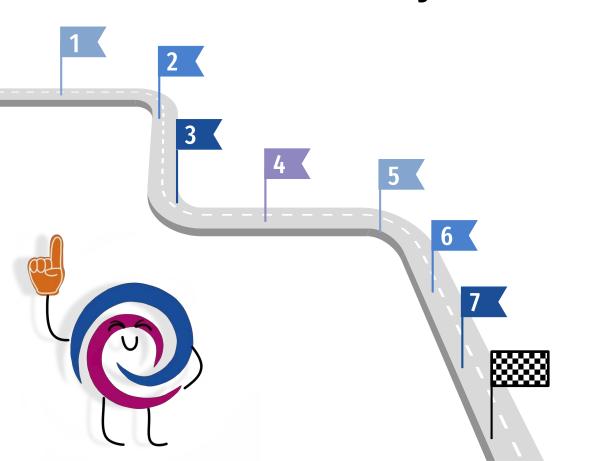
At the Crane Center, we know that the surgery process can be stressful. (Tip: Don't be like Charlie.) Our office follows the standards of care set by the World Professional Association for Transgender Health organization (WPATH). We hope our guide will help you along the way. Please explore to find a general guideline for the overall surgery process, some insurance basics, answers to frequently asked questions, and trusted resources for you as the patient to further research.

Table of Contents

**	Timeline of Events	4
	Insurance Terminology	
	Insurance Plan Types	
	In-Network Authorization Process	
	Out-of-Network Authorization Process	
	Self-Pay Pricing Range	
	Responsibilities	
	FAQS	
*	Resources	13



On Your Way to the Finish Line



- 1. New Patient
- 2. Consultation With Surgeon
- 3. Obtain Letters & PCP Referrals
- 4. Schedule Surgery
- 5. Authorization Process
- 6. Pre-Op Labs
- 7. Surgery!
- 8. Finish (Billing)

Basic Insurance Terminology

Premium:

Your monthly insurance payment.

Deductible:

The annual amount of money you are required to pay before your insurance begins to pay.

Out of Pocket Max (OOP):

The maximum you must pay for approved services within the plan year. This may include your deductible, co-pay, and co-insurance amounts.

Co-Insurance:

The portion of your approved healthcare bill that you are responsible for after you have me your deductible.

Ex. Insurance may cover 80% leaving you with 20% of the bill.

Co-Pay:

Flat fee you are responsible for paying at the time of the doctor's visit or hospital stay.

Primary Care Provider (PCP):

Physician who provides general healthcare for common medical conditions

Referral:

A written order from your PCP to visit a specialist or receive certain services.

Benefit Exclusion:

Services not covered by insurance plan. A list of procedures considered cosmetic or not medically necessary. Under no circumstances will the insurance cover these procedures.



Insurance Plan Types

PPO

Preferred Provider Organization

- Network providers suggested but not restricted
- PCP (Primary Care Provider) is not required
- Referral is not required to visit a specialist

EPO

Exclusive Provider Organization

- Only covers network approved providers
- PCP not required
- Referral requirements are based on each individual policy

HMO

Health Maintenance Organization

- Only covers network approved providers
- Crane Center must request for an In-Network Exception
- MUST select or utilize assigned PCP
- PCP referral required to visit a specialist

POS

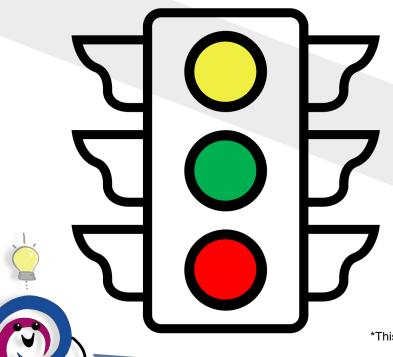
Point of Service

- Network providers suggested but not restricted
- May be required to select PCP
- In-Network
 Exception required
 on a case-by-case
 basis
- May be required to have a referral to visit a specialist



Tip: If you're ever unsure about your coverage call the customer service number on the back of your card. Questions about deductibles, OOP Max, etc. can be answered best directly from the source. Remember, your insurance works for YOU!

In-Network Authorization Process



Your insurance will send you a copy of their decision by mail.

In-Network Insurance

Crane Center will submit medical records, WPATH letters, and the list of planned procedure codes to insurance for review 30-60 days before your surgery date.

Approval

If your policy covers the requested procedure codes, surgery will be approved.

Denial

You may be required to appeal or proceed as self-pay. Our patient advisor team will reach out to you with details.

*This is a general overview for the process and may vary based on your insurance plan.

Out-of-Network Authorization Process

The authorization process when utilizing Out-of-Network insurance is very similar to the In-Network process. Just add a few steps!





Out-of-Network Insurance



Crane Center will submit PCP referral(HMO only), medical records, WPATH letters, and the list of planned procedure codes to your insurance for review 30-60 days before your surgery date.



In-Network Exception



Crane Center will request for an In-Network Exception, sometimes called GAP network coverage, so that you are able to utilize your in-network benefits. If this request is denied by your insurance, the Patient Advisors will discuss your option for self-pay.



Single Case Agreement



The Crane Center and your insurance will negotiate a payment arrangement. This must be completed before your surgery date.

Self-Pay

If you are unable to use insurance for your surgery, we can review the option of self-pay. Here are some things to keep in mind.

A self-pay quote is a highly discounted rate and cannot be combined with an approved insurance policy.

The exact amount for self-pay will be determined after a consultation with your surgeon.

A quote from our office includes the surgeon's fees only. The cost for the facility and anesthesia will be separate and payable directly to those organizations.

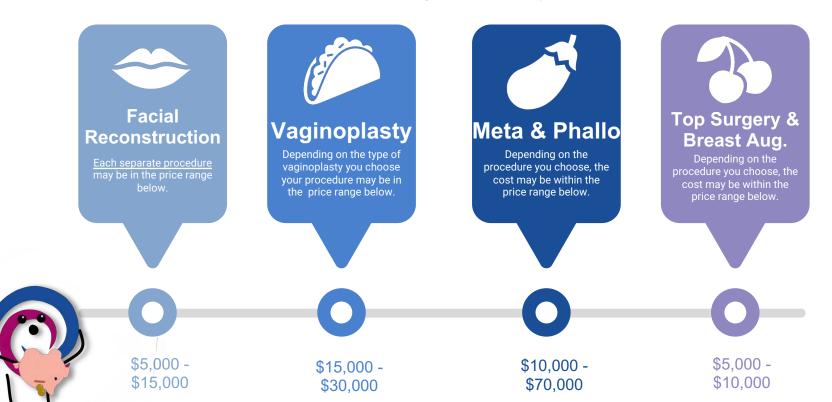
WPATH support letters from your mental health providers and hormone therapy providers are required prior to scheduling.

A deposit of 50% of the total quote is required before discussing a surgery schedule date.

The remaining balance of the total self-pay quote is due at least 30 days before the surgery date or you risk rescheduling the surgery.

Self-Pay Pricing Range

The exact quote of your surgery will depend on multiple factors, such as the confirmed procedure, duration, equipment, facility, etc. Prices for the facility and anesthesia are separate.



Responsibilities of All Involved



Patient Responsibility

- Active insurance information (Change in insurance reported immediately)
- Coordination of Benefits with insurance when more than one policy is active
- WPATH letters
- PCP Referral
- > FMLA
- Clinical Prerequisites (hair removal, labs, weight loss, etc.)
- Safe accommodations
- Pre-op & post-op supplies



Crane Center Responsibility

- Maintain accurate medical records
- Confirm insurance is active
- Provide guidance to the patient about surgery expectations, necessary labs, & post-op care education
- Request authorization prior to the surgery date
- Communicate planned procedure with the hospital
- Submit the claim to insurance after surgery
- Provide guidance to the patient through the insurance and payment process



Insurance Responsibility

- Explain covered services and exclusions
- Review medical records for authorization
- Payment for approved services
- Respond to any submissions within their specified amount of time



Frequently Asked Questions

Do you take my insurance?

We cannot accept: Medicare, Tricare, Ambetter, Oscar, or Kaiser. We will work with other insurance companies when possible. Our current list of contracted insurance plans is listed on our website.

Why can't you just put me on the surgery schedule?

Our company policy is to schedule your surgery after you acquire the necessary WPATH letters and referrals (if applicable).

When does the insurance authorization process start?

Prior authorization will be submitted between 30-60 days prior to your surgery date.

How much do I owe out of pocket toward my surgery?

Your deductible may be collected by the hospital at the time of admission. Any remaining balance on your Out-of-Pocket limit will be billed to you by the surgeon, hospital, or anesthesiologist after the claims are processed by the insurance. The easiest way to get this answer? Call your insurance and ask them about a month prior to your surgery.

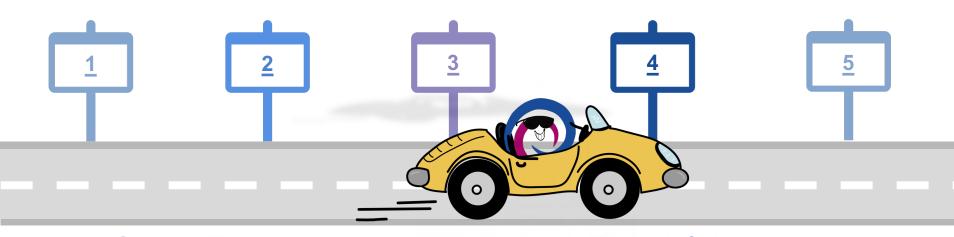
Do you offer payment plans?

Yes, we offer payment plans. When using an approved insurance policy, we can review your balance after the surgery is processed by the insurance. When paying for surgery without insurance, the balance must be paid in full before your surgery date. Our patient advisor team can discuss more details.



Articles and Resources

Click on the corresponding numbers in the road signs to open the links.



1. HRC

Human Rights Campaign A guide to navigating article with a list of insurance for coverage of businesses offering transgender related Transgender-Inclusive procedures. Health Insurance Benefits

2. Transequality 3. NerdWallet 4. Trans Lifeline

Financing options for those going the self-pay route.

A list of mutual aid funds. grants, & public assistance.

5. WPATH

Member Search feature to find providers that supply WPATH letters.

Thank You For Choosing The Crane Center!

We are grateful for the opportunity to work with you during this significant time in your life, and we thank you for trusting us with your medical care. The Crane Center looks forward to working with you throughout your surgical journey.

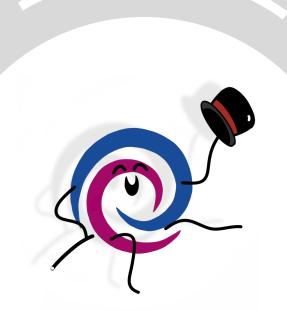


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