



Frequently Used Insurance Terminology

- **Out-of-Network:** 3-C Family Services is considered out-of-network with all insurance companies. This means that 3-C Family Services is not contracted with any insurance company for reimbursement at a negotiated rate. We do not accept copayments, since we do not receive any reimbursement from insurance companies. Some health plans do not reimburse clients for any out-of-network services received, while others reimburse clients at a lower rate. This is why we recommend that our clients contact their insurance company before their first appointment.
- **Single Case Agreement:** An optional agreement between your insurance company, if they allow them, and 3-C Family Services. Several requirements will have to be met in order for a single case agreement to be considered by your insurance company, such as geographic location of an in-network provider. The client needs to contact their insurance company to get more specific information from their insurance company in regards to a single case agreement.
- **Explanation of Benefits (EOB):** This is a statement the client receives in the mail directly from their insurance company in regards to a claim(s). It details where the service took place and the provider, the date of service, the charge for the service, and the procedure code(s) used. In this statement you will find information about what, if anything went towards your annual deductible and what your insurance company paid you, if anything. In the event that your insurance company reimbursed you, the EOB will have a check attached.