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Provider Search 101

How to verify a doctor is in-network BEFORE you book

The "in-network" provider directory is wrong about 40% of the time.

WHAT IT IS

Health plan provider directories are notoriously inaccurate. Studies have found 30–50% of listings are wrong, wrong address, wrong accepting-new-patients status, wrong network participation. If you trust the directory blindly and book an appointment, you can end up with a surprise out-of-network bill even when you tried to do everything right. This guide is the 3-step verification process that actually works.

THE 3-STEP VERIFICATION

Step 1, Plan directory
Look up provider in your plan's online directory

Step 2, Provider's office
Call, give them your plan name AND group number

Step 3, Insurance member services
Confirm in-network for THIS provider TODAY

Document every call
Date, time, rep name, what was confirmed

Get it in writing if possible
Email or member portal message

COMMON DIRECTORY ERRORS

"Provider accepts your insurance"
But isn't actually in-network

Old address listed
Provider moved years ago

Network changed mid-year
Provider left network, directory lagging

Specialty wrong
Listed as PCP but actually only does specialty

Not accepting new patients
Directory says yes, office says no

THE 3 THINGS PEOPLE GET WRONG

1. **"If they're in the directory, they're in-network."**
   FALSE. Studies show directories are wrong 30–50% of the time. Always verify with BOTH the provider's office AND your insurance company before scheduling non-emergency care.
2. **"I can dispute an out-of-network bill if the directory was wrong."**
   Sometimes. The No Surprises Act covers some "ghost network" situations, but enforcement is patchy. You're better off verifying upfront than fighting after the bill arrives.
3. **"Provider directories are required by law to be accurate."**
   Required to be accurate, yes. Actually accurate, no. Federal law requires plans to update directories every 90 days. They often don't. You're the one who pays for the error.

THE PRE-VISIT QUESTIONS THAT PROTECT YOU

Before any non-emergency appointment, ask these three questions to BOTH the provider's office AND your insurance: (1) "Is Dr. [name] a participating, in-network provider for [plan name] as of today?" (2) "Will this specific service [name procedure] be covered as in-network?" (3) "Are there any pre-authorization requirements I need to satisfy first?" Get the rep's name and document the call. If you get an out-of-network bill anyway, this documentation is your strongest dispute weapon.

Need help verifying a provider is actually in-network? Call or text Craig, I'll walk you through the verification process for your specific plan.

Don't go underinsured when you can be Insured AF.