

Understanding your health insurance policy and payment practices

As a patient, you should be involved in your medical treatment and in paying for your health care. The following information will help you understand your health insurance policy and the health care payment process.

Our office staff follows the rules of your health insurance policy. We work hard to send claims on time to your insurance company for payment so you will not have to pay for medical care covered by your health insurance. In some cases, we may need your help when claims are sent to your health insurance company to make sure your claim is paid on time.

Frequently asked questions about paying medical bills:

1. What is a health insurance policy?

Your health insurance policy is a contract between you and your health insurance company. It is an agreement that your health insurance company will pay for covered medical care as long as the premium is paid. The health insurance company may not pay for every bill. This is why it is important for you to know which medical treatments the insurance company will pay for and which expenses it will not cover. You are responsible for paying some medical costs that the insurance does not pay.

2. What are some common insurance terms I should know?

Be sure to check with your health insurance company to see how these terms apply to your health insurance coverage:

- **Co-payment or “co-pay”** The part of your medical bill that you must pay each time you visit the doctor. This is a pre-set fee determined by your insurance policy.
- **Co-insurance** The part of your bill, sometimes in addition to a co-pay that you must pay. Co-insurance is usually a percentage of the total bill-for example 20%.
- **Deductible** The cost you must pay for medical treatment before your health insurance company starts to pay-for example \$500 per individual or \$1500 per family. In most cases, a new deductible must be met each year.
- **Non-covered charges** Costs for medical treatment that your health insurance company does not pay. You may wish to determine if your treatment is covered by your health insurance policy before you are billed for these charges by the doctor’s office.

- **Exclusions** These are typically “riders” that are placed on a policy, most times by employers, to help them keep the cost of insurance down. Exclusions mean that under no circumstance will your insurance pay for that procedure/visit. This is not an appealable situation.
- **Approval Number** A number authorizing the health insurance company to pay benefits for your care. You may need to obtain an approval number from your PCP or family doctor before seeing us in order for your medical claim to be paid. Once again, it is **YOUR** responsibility to understand your policy to see if that is required.

3. How is my doctor’s office paid?

You should pay your co-payment and deductible as required during your visit with us. While you are responsible for your medical treatment, this office will make every effort to seek payment from your health insurance company for the amount owed under your policy. The process by which the office seeks payment can be complicated which is why it is imperative we need ALL the correct information from you.

4. What information should I bring to the doctor’s office?

- Photo identification, such as a driver’s license.
- All current health insurance cards
- Any changes to your personal information such as name, address, employer, phone number.

5. Why does the doctor’s office need my personal and health insurance information to get paid?

Our staff uses this information to confirm your health insurance coverage and to send your insurance company a request for payment on your bill. The insurance company requires your personal and health insurance policy information before it will pay your bill. Be sure we have your current health insurance policy information including the address, policy number, group number, etc. so that we are able to submit the claim in a timely manner. Some insurance companies have timely filing limits and if we do not submit within that time you will be responsible for payment. Information can change since your last visit to the doctor. The services covered by your health insurance may have also changed. This is why we require to see your card at every visit.

6. What is a coordination of benefits form?

Many health insurance companies require you to fill out a form that tells the company whether you or another family member has other health insurance. Your insurance company needs this information to work with other insurers to determine which company pays for what service. It is important that you fill out this form and others they send to you. Otherwise, your medical bill may not get paid or payment may be delayed.

7. What if the health insurance company does not pay or pays only a portion of my medical bill?

As a courtesy to you, our staff will contact the insurance company to ask why the bill was not paid. The health insurance company may ask the office to appeal or to resend the claim with more information.

We will make every effort to get the bill paid. However, sometimes we may need your help. You may be asked to call your insurance company or your employer to ask why the claim has not been paid.

8. What are some common reasons a health insurance company may not pay for medical treatment?

- Services were provided for a pre-existing condition or because services were provided prior to coverage.
- The coordination of benefits form or other required forms were not completed by you.
- Treatment is not covered by your health insurance policy (i.e. non covered charges or an exclusion)
- The health insurance premium has not been paid, either by you or your employer.
- The doctor is “out-of-network” which means your doctor does not have a contract or agreement with your health insurance company. If your doctor refers to another doctor, be aware that if the referred doctor is out-of-network you may be responsible for a portion of the payment.
- Another health insurance policy requirement, such as obtaining prior approval for your medical treatment, was not followed.