

HELPFUL TIPS REGARDING YOUR INSURANCE

Our practice accepts **most** insurance plans. However, there are some sub-plans carved out for employers and other groups where coverage may be different from the parent plan.

We have partnered with *On Point Billing* to handle billing for our services. They will submit your claim and make every attempt to collect payment from your insurance provider. To help avoid unnecessary expenses regarding your care, we recommend the following. (These tips can be applied to any health care provider for which you schedule services.)

*With any physician who is new to you, we highly recommend contacting your insurance provider to verify the network status of the office with which you are scheduling. Most have an on-line directory also. We recommend both.

*Once you have confirmed network status, make a note of the date, time and identifying information for the representative that assisted you. Some may be able to provide an identifying number for the call. It is difficult to appeal a denial of coverage without that information if what they have told you is incorrect. Keep that information.

*Claims denied due to unmet deductibles and cost-sharing are the responsibility of the patient. You can ask the insurance representative if a service is “covered”, but a better question is to ask “what would be your out-of-pocket expense?” They can take into account your deductibles and coinsurance.

*If you require pre-authorization from your insurance plan or a referral, please arrange either with the physician who is referring you. You are responsible for payment if your claim is denied for either. We cannot provide authorizations for patients we have not seen.

*Even if your plan has not changed, your coverage may. Re-check with your insurance provider for each calendar year.

*Bring your insurance cards to each appointment to ensure we have the most up-to-date information for you.

*If you have more than one plan, it is important to let us know which plan is primary.

*Once your claim is processed, there may be a patient balance. That remaining balance is the result of your contract with your insurance provider. It is your insurance provider that determines the balance due to us.

*Co-pays are determined by your contract with your insurance provider.