

Common Health Insurance Questions

Q. What is an insurance copayment?

A. A copayment, copay or encounter fee is the amount of money your insurance plan requires you to pay at the time of your visit.

Q. Am I required to pay a copayment every time I visit the office?

A. Generally, our staff will collect a copayment every time you see the doctor for an office visit. Insurance company rules regarding copayment collection for lab work, immunizations, office surgeries, etc. vary depending upon the type of insurance involved.

Q. My insurance plan has a deductible and co-insurance. How will I know what I am required to pay?

A. Any insurance plan deductible and co-insurance is the patient's responsibility. You will receive a bill from us after we have received your insurance company's payment. You should also receive an Explanation of Benefit from your insurance company, which will indicate the patient's responsibility.

Q. Why did I receive a bill when I paid my copayment at the time of my visit?

A. There are a number of different reasons you could receive a bill from us in addition to your copayment:

- Some insurance plans require a deductible for laboratory services, immunizations, minor surgical procedures or hospital visits, etc. In that case, you would be responsible for any charges put toward your deductible.
- Some insurance plans require you to select a primary care physician. If you have not done this, your insurance company will consider your visit to be "out-of-network" even though we participate with your plan.
- Your insurance plan may not cover visits for obesity, pre-employment exams, school or sports physicals, cosmetic removal of moles and lesions, or any other diagnosis they deem not medically necessary.

Q. Both my spouse and I have dual coverage through our employers. Why can't I choose which plan to use?

A. The insurance industry developed an industry-wide agreement, which determines which plan pays first. Generally, the plan covering the patient as the employee pays before the plan covering the patient as the dependent spouse. Therefore, your employer's insurance plan would be primary on you and the coverage through your spouse's employer would be considered secondary.

Q. Which plan would be primary for our children?

A. The order of benefit determination depends upon the birth date (month and day) of the parents. The plan covering the parent whose birthday occurs earlier in the calendar year is considered primary. For example, if the child's mother was born on March 27th and the father was born on August 7th, the mother's insurance plan would be primary.

Q. How do I contact HealthStar Business Office?

A. Phone: 501-625-7500 / e-mail: caseyh@healthstarphysicians.com