

# Premier Cardiovascular Institute

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## **Understanding Insurance Terminology and Your Responsibility**

We understand insurance has changed drastically over the last several years and can be very confusing. We hope the below information is helpful in understand your insurance requirements better.

Your insurance policy is a contract between you and your insurance company. We as providers have our own contract with your insurance company which binds us to collect your deductibles and copays at the time of service, along with filing claims on your behalf in a timely manner. We are a specialist office and some plans require a referral or prior authorization for specialist and testing. Please see the explanations below to help you to understand what could be required for your insurance. Please know it is your responsibility to know what you have chosen for benefits (copays, deductibles, referrals, etc).

### **REFERRALS:**

Each insurance company has their own requirements which are set by your insurance or by CMS (center for Medicare services). Please know there are difference types of insurance plans: PPO, EPO, HMO, Select plans and many other plans. If you have a PPO plan you may see any physician which is contracted with their network with no insurance referral required.

If you have chosen a plan which list a PCP(primary care physician) and it requires a **REFERRAL** the PATIENT is responsible for seeing their PCP and acquiring this referral prior to making an initial or follow up appointment. A referral consists of an actual referral number with a set number of visits and a start date and end date. (Example: PR12345678 for 6 visits from 01/01/2024-06/01/2024). This only states you have permission from your PCP and insurance to see the specific physician listed on the referral and does not authorize anything else.

### **PRIOR AUTHORIZATION:**

Most insurance companies require that testing be prior authorized (Echocardiogram, Nuclear Stress test, CT, MRI, Sleep Study, etc). This IS NOT the same as a referral. Many insurance companies have contracted with a 3<sup>rd</sup> party company to handle such authorizations and no longer issue these through your insurance. These authorizations are to be obtained from the ordering physicians and takes 48-72hrs and although rare, some plans state 10days to obtain authorization. The ordering physician must prove medical necessity through office documentation by submitting diagnosis codes along with medical records to your insurance or the 3<sup>rd</sup> party.

The authorization consists of an authorization number with a start and end date.

(Example: MS1234567 from 01/01/2024-06/01/2024)

Some Medicare replacement plans (advantage plans) require that you be seen within 30days of ordering testing. If you have not been seen in that time frame we will let you know to make another appointment. Please note you **MUST** have your testing completed in authorization listed time frame or further documentation and/or another office visit may be required and new authorization must be obtained.

Premier Cardiovascular Institute **IS NOT** in network with any market place plan.