

---

# A Patient's Guide to Understanding Health Insurance Coverage and Payment Practices

---

## What is a health insurance policy?

- A contract between you and your health insurance company.
- Outlines services they will and will not cover.
- It is important for you to know which medical treatments your insurance plan covers.
- Your health insurance plan requires you to pay for certain out-of-pocket expenses (e.g., co-pays, coinsurance and/or deductible).

## How is the doctor's office paid?

- Your insurance plan *requires* us to collect any amounts you owe at the time of service, such as co-pays, coinsurance, deductibles, and non-covered services.
- We submit a claim to your insurance company seeking payment for your treatment.
- Your insurance plan pays us at a contracted rate, minus your financial responsibility for the covered services provided.
- You pay for any remaining balance, such as services not covered by the plan.

## Doesn't the doctor's office determine ahead of time what my insurance covers?

- HealthPoint performs a "verification of eligibility" prior to your visit.
- Your insurance company only provides limited information.
  - Typically, we can verify policy is current and your financial responsibilities, such as co-pay, co-insurance, and/or deductible.
- You are responsible for paying amounts your health insurance plan has assigned as your financial responsibility.

## What if my health insurance company does not pay, or pays only a portion of my bill?

- You are responsible for paying amounts your health insurance plan does not cover.
- You should receive an explanation of benefits (EOB) from your insurance company explaining how they determined what to pay.
- As a courtesy to you HealthPoint may contact your health insurance company or re-send the claim with more information.
  - This typically happens when the health insurance company has not paid for a procedure even if your doctor has said it was medically necessary.
- You may be required to call your insurer or employer to update some information, such as your physician choice or dependent information.

## What are some common reasons a health insurance company may not pay for treatment?

- In the course of a physical/well/preventive visit, you may be treated for a separate problem.
  - Dependant upon your benefits, your insurance plan may require that you pay additional charges for the added service rendered at the same time.
- The particular medical treatment provided is not covered by your health insurance policy, or it was a pre-existing condition.
- You did not provide the health insurance company with information or forms it requires;
- A spouse or child is not covered by the health insurance plan, or was not added to the policy.
- The doctor is "out of network," which means we do not have a participation contract with your health insurance company.
- A health insurance policy protocol was not followed, such as the responsibility to obtain a referral or prior authorization.

## Are there times I might pay extra for my visit?

- If during a physical/well exam the doctor treats a new or existing problem, your insurance plan may require an additional co-pay, coinsurance or deductible payment.
- Your insurance benefits may have a limit on the coverage of wellness benefits (e.g., physicals).
- Your insurance plan may not cover physicals or wellness visits (*know your benefits!*).
- Your financial obligations may vary between types of services (e.g., well vs. sick visit)
- You are responsible for paying for non-covered services and your financial portion as determined by your health insurance company.

## What information should I bring to the doctor's office?

The following information is helpful in accurately processing your claims, protecting your privacy, and reducing health care costs:

- Photo identification, such as a driver's license.
- Your current health insurance card.
- Any changes in personal information, such as name, address, phone number, or insurance.
- Payment for your insurance plans cost share.
  - **Helpful Tip:** Plans may change from one year to the next so be sure to review your benefit coverage as well as changes in co-pays, coinsurance, or deductibles at the start of a new contract period.