

## Insurance Billing

### Primary & Secondary Insurance

Primary Insurance is the party to whom we look for payment first. Secondary Insurance, also known as Supplemental Insurance, usually is liable for the remaining portion after the primary insurance has paid. Please be sure you have provided complete and accurate information on both plans.

If payment is not received in a reasonable time, we will ask for the patient's assistance in working with the carrier for payment. When you, or your employer, select insurance coverage, you are bound to the terms of their contract. It is extremely important that you read and understand your health plan benefits such as any co-payment, deductibles and non-covered services within your plan. It is impossible for us to know your covered benefits, since we work with many different plans, so we encourage you to understand what your coverage includes to avoid frustration for you. Depending on your plan, some services are "non-covered". For example, some insurance companies do not cover DME items such as crutches and braces. This means the patient is responsible for these charges.

To determine your insurance benefits & eligibility please contact your insurance carrier directly. Note that you are ultimately responsible for payment for all services that are not covered by your insurance plan.

### Accepted Insurance Plans

- Aetna
- CareFirst
- Cigna
- DOL
- MDIPA
- Medicare
- MD Medicaid ( Currently not accepting new patients)
- Optimum Choice
- Priority Partners
- PHCS
- Tricare
- United

If you don't see your plan listed, please call our office to verify. We may accept your plan even if it is not listed here. As changes may occur in the plans that we accept, please verify our acceptance at the time you make an appointment.

Bring your insurance card to your appointment - we will need a copy to bill your insurance. It is very important that you bring your current insurance card to every visit and to inform us if there has been any change in your coverage or your address. If we do not have your current insurance information your claims will be denied and we will bill the patient for services.

### Referrals

Some insurance policies require a referral from your primary care physician to see a specialist. If your insurance company requires a referral it is your responsibility to get it from your primary care physician and bring it with you to your visit. You cannot be seen by the provider without a referral. If you are inadvertently seen by the provider without a referral, if required, your insurance company will deny the claim and you will be billed for the visit.

Subsequent referrals are your responsibility.

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### Private Patients

Those patients that have insurance in which we do not participate, it simply means that to see one of our providers you will be seeing the provider "Out of Network". Fortunately most plans have different levels of coverage in which patients are usually permitted to see any physician out of plan. Your particular insurance benefits can usually be determined in advance of your appointment by contacting your insurance company's benefits office. The two most common differences in cost between seeing a provider "in-network" vs "out of network" is the amount of your annual deductible and the amount of your co-insurance.

### No Insurance Coverage (Self Pay Patients)

If you are a self-pay patient (if you plan to pay without the use of insurance) or if you do not have your insurance card at the time of registration, we will require a minimum fee of \$175 towards your anticipated services. Additional fees may be assessed at the time of check-out. We offer a discount for payment in full at the time of your visit providing there is absolutely no insurance coverage. The discount can be discussed with our receptionist when you check in.

### Workers' Compensation Claims

We file workers' compensation claims; however, there are some requirements prior to filing a claim.

- Employee must file claim with his employer
- Employer submits claim to his/her carrier
- Insurance carrier assigns a claim number, if approved
- You must provide us with the name and address of the insurance carrier, along with the claim number, the name of the case worker, phone & fax for case worker and date of injury.
- You are responsible for getting authorization from your case worker for your initial visit.

Failure to comply with the above may result in a denied claim. If a workers' compensation carrier denies a claim for any reason, you will be responsible for charges incurred as a result of the claim.

### Co-payments

Your insurance company requires you to pay your co-pay at time of service. Failure to pay this is a violation of your contract with your insurance company. This concept was created by the insurance industry to lower your premium by requiring the patient to pay a co-pay at every visit. Physicians also agreed to lower the amount they would accept as payment in full from the insurance companies.

### Deductibles

This is an often overlooked or misunderstood issue. When we subscribe to insurance coverage, we agree to a "deductible" amount. The deductible amount is always the patient's responsibility. Until the deductible amount is satisfied, your insurance is not responsible for reimbursement; however, we will submit your claim to the insurance company so the amount will go towards your deductible.