

## Understanding Your Health Insurance: Background Information

- Doctors are licensed to practice medicine, and determine what treatment is best for you.
- Health insurance companies are not licensed to practice medicine, and cannot keep up with all the latest treatments. Health insurance is generally designed to pay for major medical expenses, such as hospitalizations.
- Health insurance customer service agents can provide policy details, but are not authorized to make binding decisions for the insurance company.
- There is a difference between the words “coverage” and “payment”
  - Coverage means a health expense that the insurance company will consider.
  - Payment means how much payment will be made under the terms of the policy.
- Newer technologies, such as those listed below, are generally **not** paid by insurance:
  - Minimally Invasive Hallux Valgus Surgery
  - Cartiva® Synthetic Cartilage Implant
  - Lapiplasty® Midfoot Fusion for Severe Hallux Valgus
  - CuttingEdge® MLS Laser Therapy
  - Swift® Microwave Therapy for Warts
  - Cutera® GenesisPlus Laser Therapy (for onychomycosis)
  - Custom Foot Orthotics

## Asking the right questions of your health insurance company

Procedure or Service, CPT® Code, If Applicable

Can you certify medical necessity for this procedure?

Does my policy consider this medically necessary?

Can you certify coverage for this procedure?

Does my policy provide coverage for this procedure?

Can you certify payment for this procedure?

Can you certify the payment amount for this procedure?

What is the payment amount for this procedure?

**Disclaimer:** This information is not a guarantee of coverage or payment and is based on the information available at the time. Generally, coverage and payment can only be determined after a claim has been submitted to the respective health insurance plan.

## Health Insurance Benefits Check

*A complimentary service for the convenience of our clients!*

<b>Client:</b>	<b>Insurance Name:</b>
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### Health Insurance Policy Details

Your insurance is an agreement between you and an insurance company.  
The company agrees to pay for some, not all expenses, at a discounted rate.  
All insurance policies have a **cost share** with you, the patient and policy holder.

Term	Definition	Your Benefits
<b>Co-Payment</b>	A fee determined by your health insurance policy that you must pay each time you visit the doctor, usually expressed as a dollar amount. (\$50)	
<b>Deductible</b>	The amount you must pay for medical treatment before your health insurance company starts to pay. Deductible amounts must be met yearly, and the remaining amount reflects patient cost share.	
<b>Co-insurance</b>	<p>A percentage of the total medical bill that you must pay, in addition to the deductible and copayment amounts. Co-insurance is usually expressed as a percentage of the total medical bill, for example 20%.</p> <p>This means that after the deductible and copayment is paid, health insurance will pay (for example) 80% of covered charges, and will transfer 20% to patient responsibility.</p>	%

### [Link to “Out of Pocket Payment Estimator”](#)

- ☐ **We couldn’t check your exact eligibility today either because your insurance company:**
- Will not certify necessity, coverage, or payment until after claim submission
  - Does not offer electronic eligibility checking or
  - Customer Service could not be reached.

<b>Prepared By:</b>	<b>Date:</b>
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Treatment Estimate (Surgicenter & Anesthesia)	\$10,000			
<b>Health Insurance Policy Terms</b>			<b>Patient Cost Share:</b>	<b>Insurance Payment:</b>
Deductible Remaining:	\$4,800.00		\$4,800.00	\$4,160.00
Co-Insurance:	20.00%		\$1,040.00	N/A
Subtotals:			\$5,840.00	\$4,160.00
Percentage: Patient Vs. Insurance			58.40%	41.60%