## What You Need to Know About Your Health Insurance *Before* Your Appointment

Health insurance can be a tricky thing – there are a myriad of different plans available, and even if you have the "same" plan as last year, details within it may have changed. We hate it as much as you do when a bill is unexpectedly high, and understand the frustration that can accompany trying to figure out why; so we've put together a list of things to know about your insurance plan and our billing practices that should help you avoid being caught unaware when a bill arrives. **If you have any questions about your insurance coverage, the best people to call will be your insurance company** – they will have the most complete information about what your specific plan covers, much of which isn't available or always accurate in the information our office is able to look up about your plan. **If, however, you have any questions about our billing *please* don't hesitate to call us as soon as possible**! We are happy to explain what we can, and to work with you on a payment plan if needed.

**In-Network or Out?**

The first thing you'll want to find out is if we "accept" your insurance plan, also known as being "in-network" with your insurance plan. Most insurance companies have made this easy to find out online, but you can also call them to ask if Dr. Jason Sneed is in-network with your plan. We can usually tell you this in the office as well – but there are new and different plans each year now. For example, while we may be "in-network" with Anthem Blue-Cross/Blue-Shield, we are not "in-network" with Anthem Blue-Cross/Blue-Shield Healthkeepers. This often isn't in our control, as it is at the discretion of the insurance companies we've contracted with as to which specific plans we are "in-network" with, and your insurance company is the best resource to know if we are "in-network" with your specific plan.

**If we are "in-network," then we will be covered as a specialist** on your insurance plan. Yes, some insurance plans have Dr. Sneed listed as Primary Care or Family Medicine – but even with those, he bills as a specialist. The reason for this is that Osteopathic Manipulation (his specialty), is such a rare one (most who practice it don't take insurance) that they have no specific category for Osteopathic Manipulation within their contracts. So for these companies, Dr. Sneed is actually a "sub-specialty" within Primary Care or Family Medicine, and thus still bills as a specialist.

**If we are "out-of-network"** with your insurance, meaning we can't accept it, then you will want to check and see if you have "out-of-network" benefits – and how much they will cover for an appointment. If you have out-of-network benefits, we can bill your insurance directly. Please keep in mind that out-of-network coverage is often less, leaving more of the bill left over to you. If you do not have out-of-network benefits, you can come see us and self-pay on the day of your appointment. Because our insurance contracts require us to bill everyone in the same way, including self-pay patients not using insurance, we can't give you an exact flat rate for an appointment – but we can give you a definite range within which your appointment cost will fall. Please feel free to call our office for that estimate so you can be prepared to pay it on the day of your appointment.

**Referrals**

**If you have an HMO plan or Tricare Prime, you will need a referral from your Primary Care physician to see Dr. Sneed.** This referral needs to be filed with your insurance company, and approved, prior to your first visit with us. Yes, some insurance plans have Dr. Sneed listed as Primary Care or Family Medicine – but even with those, he bills as a specialist. The reason for this is that Osteopathic Manipulation (his specialty), is such a rare one (most who practice it don't take insurance) that they have no specific category for Osteopathic Manipulation within their contracts. So for these companies, Dr. Sneed is actually a "sub-specialty" within Primary Care or Family Medicine, and thus still bills as a specialist and you will need a referral for your appointment to be covered by your health insurance.

**Deductible**

**Almost every health insurance plan has a deductible. This is the amount of money you will be expected to pay yourself before your health insurance covers the cost of anything for almost any physician you see**. The exact amount of your deductible is determined by your plan and can be as little as $500 for a contracted year or as much as $10,000. **This deductible encompasses every single medical appointment you might have with an in-network provider that is not required to be covered in full by health care laws** (such as an Annual Exam or Women's Well Check). If we are out-of-network with your insurance plan and you have out-of-network benefits you most likely have a separate out-of-network deductible to meet before your insurance will cover anything as well. **Your insurance company can tell you how much your deductible is, as well as how much has been applied to your deductible for the year and how much you have still remaining to meet.** For many insurance companies, that information is listed on the "Explanation of

Benefits" (EOB) you may receive from them letting you know how much we billed, how much they discounted per our contracts with them, and how much they are paying or leaving to you to pay. **This deductible starts over each year, and you will again have the full amount of the deductible to meet before benefits kick in, regardless of how much you paid previously** – for most plans this means a calendar year (so every January…even if you just got the plan in October), and for others it is the contracted year (meaning on the anniversary of starting your insurance contract). Again, your insurance company will be able to tell you exactly when your plan renews and your deductible starts over.

**Copay**

**The copay is a fee set by your insurance company that you must pay on the day of your appointment.** For most insurance plans, Dr. Sneed is required to collect the specialist copay. **The good news is that this copay goes towards the cost of the appointment, and is also attributed to your deductible.** Some insurance companies will have the copay listed on your insurance card. If there is any doubt as to the exact amount of your copay (some plans get complicated even for us to figure out what to charge), we will charge you the lower amount until the insurance company returns the first appointment's EOB, which will list the expected copay on it as well. You would then be billed for the difference.

**Co-Insurance**

Some plans also have a co-insurance in addition *or* in place of a copay. **This is usually a percentage of the total costs that your health insurance plan will cover before and/or after your deductible has been met – leaving the remaining percentage of the cost to you**. This is determined solely by your plan, and is something we will bill you after your visit. This is because we must first bill the insurance company, which will reduce the cost we bill them by 40-60% automatically before determining how much is left to you to pay under your co-insurance and how much the insurance plan itself will pay. Please be aware that while we file our claim for your visit shortly thereafter, it may take 4-6 weeks for the insurance company to process our claim and return a statement of benefits and amounts owed to us (longer if there are any questions that need to be answered first). The insurance company will also send you a copy of this "Explanation of Benefits" (EOB), usually two weeks before they send it to us, but if you need to know your coverage sooner you should call your insurance company directly with the codes we billed for your appointment – these are always available after your appointment in a printed invoice we can provide at your request.

**Visit Limitations**

Some insurance plans will have limitations on "Spinal Manipulation" visits, or Physical Therapy visits, Occupational Therapy, or Chiropractic Visits. We do NOT bill using PT or Chiropractic codes, but our OMT codes are often lumped in with PT and Chiropractic codes by the insurance companies. If your plan has a limit on the number of these types of visits they will cover in a year, you will need to keep track of this to ensure you do not exceed your plan's limits. This is not information that is provided to us from your insurance companies, as it may involve visits to PT and Chiropractors, or other providers, as well. You can always call your insurance company to verify if you have limitations, which providers fall under that and how many you have remaining based upon the claims that have been submitted.

**Out of Pocket Maximums**

Many, but not all, insurance plans have an "out of pocket maximum" (OOPM) – essentially a cap on the amount of money you may have to pay for medical bills in a contracted year. This is different from the deductible, and once it is reached the insurance company will pay 100% of your medical bills. **If you know that you have met your OOPM, please let our office staff know** and we will not collect a copay on the day of your appointments until the beginning of your next contracted insurance year.