Billing & Insurance: Understanding Your Rights and Responsibilities

Sanders Court Pediatrics, Ltd. understands that healthcare costs are substantial and that insurance premiums have risen sharply throughout the years. Sanders Court Pediatrics was founded with the goal of providing quality physician care through all steps of your child's life, from infancy to young adulthood. Many pediatric offices thrive by seeing large volumes of patients and by charging fees for school forms, after-hours phone calls, weekend/after hour visits, and other administrative fees. At Sanders Court Pediatrics, we do not charge for forms, phone calls, or evening/weekend visits and we do not have hidden fees for any of our services. We have analyzed every charge to minimize your cost while maintaining a high level of care.

At Sanders Court Pediatrics, we are committed to practicing evidence-based medicine and do not let insurance companies dictate what we can and cannot do. We strive to keep your children healthy through a variety of screening methods including developmental screening, vision testing, vaccinations, and routine blood draws when applicable. Due to the ever changing world of insurance, it is impossible for us to keep track of what each individual policy covers. Therefore, what we recommend for your child is not based on an insurance company policy, but on best practice measures. If you have concerns that there may be extra charges at the time of a visit, you should further research the insurance plan that your family has chosen.

If you have questions about your bill, we are happy to be of assistance. Please refrain from asking billing questions at the front desk-the receptionists are focused on scheduling visits and helping your sick children be seen promptly. If you have concerns about your bill, please call our billing office.

Understanding the Basics

Understanding your insurance policy is necessary to help coordinate your child's healthcare. Here are a few suggestions to help ensure the correct handling of your insurance claims:

1. **Carry your insurance card with you at all times.** The card should have your name and the name of your covered dependents, the policy and group number, the claims mailing address and phone number, and the co-pay information if applicable. If you do not have a copy of your insurance card, we need official documentation from your insurance company. This is vital for determining your eligibility. The physician may not be able to see you without the above insurance information, or you will have to pay out-of-pocket for the visit.
2. **Add your newborn baby to your insurance policy.** Initial newborn charges are usually covered under the mother's insurance policy, but there can be limits to the time frame of when the new baby can be added to your policy. Sometimes these limits are as short as 30 days. It is best to add the baby to your policy as soon as you are discharged to prevent any lapse of coverage.
3. **Understand your insurance benefits.** Your insurance company decides what benefits are covered under your plan, and whether or not they will pay for certain services. Your doctor's office does not make these decisions. If your policy does not cover the services provided, you will be responsible for the full amount. If your insurance allows a service but applies it to your deductible, you are responsible for the allowable amount, which has been negotiated between your insurance company and your doctor's office.

4. **Understand which specialists and laboratories are in-network with your plan.** To determine which specialist, doctor, or laboratory is in-network, it is best to call your insurance company directly. Not verifying coverage can be a costly mistake if your doctor is not in-network and the full amount of the visit is applied to your balance. This is true for both primary care providers and for specialists.
5. **Be aware of when your coverage begins, and when your policy is due for renewal.** This will prevent any lapse of coverage for you and your children, and helps with proper processing of claims. If there is a problem with your coverage, call your doctor's office as soon as possible to let them know, and to see if they can help you resolve the issue. The office may also be able to help you resolve or prevent any other further claims issues, including filing appeals and ensuring claims were processed correctly. Knowing your insurance benefits and how your claims are processed will save you time, money, and energy.

Know Your Financial Responsibilities

There are three different types of patient responsibility: copay, deductible, and coinsurance.

- A <u>copay</u> is the amount of money that you pay up-front before seeing the doctor. Copayments are due at the time services are rendered, even if your child is sick.
- A <u>deductible</u> is the amount of money that you must pay out-of-pocket before the insurance company will begin paying on claims. The deductible is not the full amount of charges, but is the amount allowed by your insurance company as negotiated between your doctor and your plan. A deductible may be set low ($250) or high ($5,000), depending on your plan. Once you have met this amount, insurance will begin paying your doctor the allowed amount of charges. If you have a plan that requires you to continue paying after your met your deductible, you will be paying a coinsurance amount.
- <u>Coinsurance</u> is generally a percentage of the allowed amount after you have met your deductible, which has been negotiated between your doctor's office and your insurance plan. For example, if you have a 30% coinsurance, then you will be responsible for 30% of the allowed charges, with your insurance paying the remaining 70%.

What to Ask your Insurance Company before a Well Child Exam

Many insurance companies limit the amount they will pay for physical examinations (well-child visits) and immunizations for dependent children. This has become more common, and the limits continue to decrease. These limits are typically expressed in terms of number of visits per child per calendar year. In some cases, the limits vary with the age of the child. This means that if you have children of different ages, each child may have different well visit reimbursement limits.

To help you avoid unpleasant financial surprises, here is what you can do before your child's next well visit:

- Review your insurance policy carefully to determine if there are limits on the number of well visits per calendar year. If you have difficulty understanding what the policy says, call the insurance company's customer service department to ask. You can also enlist the help of your employer's benefits person. Due to the number of patients in our practice, it is impossible for us to obtain this information. Your insurance policy is an agreement between you and your company and therefore, it is appropriate that *you* are the person to obtain the information.
- Some insurance companies will set this limit per calendar year, while some companies set this limit per 365 days. It is important for you to know when these limits reset when scheduling your child's annual well exam.
- The number of visits per calendar year does not necessarily reset if you transfer to another practice. Please be aware of when your last well child exam was if you switched practices to help avoid unnecessary charges.
- ***If we suggest more visits than your insurance company covers, you are expected to pay for the well child exam. If you do not want to pay out of pocket for a visit, please let your physician know to determine a schedule that works within your insurance plan.***

Understanding your "Explanation of Benefits"

In your explanation of benefits, you will see several basic areas:

- First you will see the provider charge, where Sanders Court Pediatrics sets our charges at a reasonable and customary amount based on insurance negotiated payments.
- Second, you will see provider responsibility, the discount part of the fee that Sanders Court Pediatrics has agreed to when contracting with your insurance plan.
- Next, you will see the amount allowed by benefit, where the charges may be paid by your insurance, or may be passed on to you due to a deductible. If a charge is "disallowed," the charge will be passed on to the patient. We cannot discount the costs passed on to the patient by your insurance company, as this is illegal and would violate the terms of our contact with your insurance company.

Many insurance plans do not cover all of the typical costs of an office sick or well child visit. Tests including vision and certain blood tests are not always covered. The amount of physical exams covered in a calendar year may also be limited. At Sanders Court Pediatrics, we do not practice medicine based on charges allowed by insurance companies. We practice medicine based on our extensive training, experience, and using the "Bright Future Guidelines" as set by the American Academy of Pediatrics. These guidelines demonstrate the recommended screening tests and immunizations pediatricians are expected to carry out at each well visit at children through the age of 18.

If your insurance company has decided that they will not pay for a particular procedure, the payment will be your responsibility. At times, we have patients who will ask us not to do anything that is not covered by insurance. However, we cannot reasonably do this as there are thousands of different plans within the insurance carriers that we do accept. Ethically, we cannot pick and choose services as this would violate our standards of care. If you have concerns about your coverage, please contact your insurance company prior to your child's visit to see what physical exam charges are covered.

If you wish to waive any recommended screenings, we will documents in your child's chart that you are opting out of a recommended screening for your child. If your child has had one of the tests elsewhere (sees an eye doctor regularly, or had bloodwork performed elsewhere), the tests do not need to be repeated in our office.

Payment for Services

Statements are sent monthly for any balance due, and payments are due upon receipt of the statement. Should you find yourself experiencing financial hardship, Sanders Court Pediatrics is willing to set up a payment plan that works for your family. Please contact our billing office if you need any assistance with your bill or to set up a payment plan if necessary.

Renewing Your Policy

Many policies have re-enrollment periods in the fall or at the end of the year. During this time, it is important for you to review all new information to ensure that your policy will remain the same. Often times the copay, deductible, and coinsurance amounts can change.

During the re-enrollment period, you may also be able to change plans entirely, so it is important to know what to look for in terms of family coverage. In order to choose the right insurance, review the policy information carefully, including what benefits are covered. Vaccinations are expensive, and some plans exclude them, so make sure they will be a covered benefit for your children. We also suggest verifying the coverage amounts for both well child exams and sick visits, as these maybe processed differently.

Understand what type of visits will be subject to deductibles or coinsurance amounts, and consider the pros and cons of high-deductible plans with low premiums and low- or no-deductible plans with higher premiums. There are many different

plans available, so take into account the general healthcare needs of you and your family, as well as financial problems that might arise if you choose the plan that is wrong for you.

We also suggest looking into the different classes of insurance plans: Fee-for-service, HMO, and PPO. Always verify that your provider is in-network with your plan before making your final decision. You can also consider an HRA or HAS account to help you cover your healthcare costs.

Primary vs. Secondary Insurance

If your child has insurance through more than one parent, he/she will have both primary and secondary insurance. Most medical insurance plans go by the birthday rule, meaning that the parent with the first birthday in the year will carry the primary insurance, and the parent with the second birthday in the year will carry the secondary insurance. For example, if Mom's birthday is in February and Dad's birthday is in August and they both have medical insurance policies, Mom's insurance will be the primary and Dad's insurance will be the secondary. This means that your doctor's office will file claims with your primary insurance carrier fist, and will file with the secondary insurance after the first insurance claim has been finalized if there is a remaining balance. Be aware that some offices do not file with the secondary insurance, in which case you will have to contact your secondary insurance carrier to file the secondary claim. Medicare/Medicaid will always be secondary to a primary commercial policy. However, these are general rules of thumb, and your insurance company may manage your plan differently. It is important that you contact your insurance carrier to clarify which one of your insurances is considered primary.

Occasionally, if you have two insurances or you have recently changed insurances, your claim will be denied pending Coordination of Benefits. This means that your claims will not be paid until your insurance companies received word from the policy holder in order to determine which one is primary. If this occurs, you simply need to call your insurance company and let them know which insurance is primary. If you only have one insurance policy, let the insurance company know and they should release all claims for payment. Most insurance companies update the coordination of benefits annually, so you may have to update your insurance yearly. If you had two policies and one policy is cancelled, make sure you update the carriers as soon as possible to avoid mistakes or delays in the payments of your claims.