

UNDERSTANDING INSURANCE

TERMONOLGY



WHAT'S A COPAY

A copay is a flat rate you'll pay for a specific service. Once the copay is paid, your insurance company *usually* will pay the remainder of the covered medical expense.



WHAT'S COINSURANCE?

Coinsurance is a percentage-based amount that you are required to pay for a medical claim. Your insurance company usually will pay the remainder of the covered medical expense.



WHAT'S A DEDUCTIBLE?

The amount you must pay for covered health care services BEFORE your health insurance benefits kick in.

Your copay/coinsurance may or may not be subject to deductible depending on services received and your specific plan.



WHAT'S OOP?

Out of Pocket Maximum.
Once you pay your maximum, your insurance plan will pay the rest! Copays and monthly premiums frequently do not apply to your OOP.



WHAT'S A PRIOR AUTHORIZATION

A requirement that your physician obtain approval from your health insurance plan to perform a specific procedure. PA is a technique for minimizing costs, wherein benefits are only paid if the medical care has been pre-approved by the insurance company.

How To Check Your Medical Benefits

Patient Name _____ Insurance Company _____
Member ID Number _____ Group Number _____
Insurance Start Date: _____ Today's Date _____

Because every medical plan is different, it is always best for patients to verify their own plans. This information does not guarantee coverage or payment by your insurance company.

Alternative Care Benefits

Do I have a deductible? Y N \$ _____ How much have I met so far? \$ _____
What is my Out of Pocket Maximum? \$ _____ How much have I met so far? \$ _____
Do I need a referral from my primary care physician (PCP) for alternative services? Y N
If yes, you will need to obtain this authorization prior to seeing practitioners of Heart Spring Health unless your PCP is one of our providers. (This is the case for any Kaiser patient without CHP benefits).

Do I have medical benefits for **Naturopathic Medicine (ND)**? Y N
What is my office co-pay/ co-insurance? _____ Is it subject to my deductible? Y N NA
Is there a visit limit or benefit maximum? Y N _____ How much have I met? _____

Do I have medical benefits for **Acupuncture (LAc)**? Y N
What is my office co-pay/ co-insurance? _____ Is it subject to my deductible? Y N NA
Is there a visit limit or benefit maximum? Y N _____ How much have I met? _____

If I am seeing a dual licensed provider (ND/LAc), do I pay a double co-pay for the doctor visit? Y N NA

Do I have medical benefits for **Chiropractic Medicine (DC)**? Y N
What is my office co-pay/ co-insurance? _____ Is it subject to my deductible? Y N NA
Is there a visit limit or benefit maximum? Y N _____ How much have I met? _____

Do I have medical benefits for **Massage Therapy (LMT)**? Y N
What is my office co-pay/ co-insurance? _____ Is it subject to my deductible? Y N NA
Is there a visit limit or benefit maximum? Y N _____ How much have I met? _____

Do I have medical benefits for **Physical Therapy (PT)**? Y N
What is my office co-pay/ co-insurance? _____ Is it subject to my deductible? Y N NA
Is there a visit limit or benefit maximum? Y N _____ How much have I met? _____

Are the following codes covered by my insurance plan?

97140: Manual Therapy Y N

97014: Electrical Stimulation Y N

97035: Therapeutic Ultrasound Y N

97810: Initial 15 minutes Acupuncture Y N

97811: Additional 15 minutes Acupuncture Y N

99354, 99355: Prolonged Services Y N

99358: Additional Research Outside of Office Visit Y N

The above procedure codes may not be covered by your insurance, but may be necessary during the normal course of an examination to diagnose, evaluate and give you the care you need. These services and/or supplies are not insurance reimbursable; therefore if your provider incorporates one or more of these procedures, services or supplies into your treatment program, you must pay for them at time of service and not seek reimbursement from your insurance company. If Heart Spring Health is billing your plan for office visits on your behalf, your plan contract may stipulate a visit Copay/CoInsurance payment in addition to these service charges. This is not a complete list of non-covered services, as your insurance company may designate other services and supplies as non-covered without providing notice to Heart Spring Health. If you have any questions or concerns regarding coverage of services that are beneficial for your healthcare needs, please speak directly with your provider. A decline of these treatments must be acknowledged in writing prior to the service being performed.

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Diagnostic Lab Benefits

Heart Spring Health does NOT bill lab claims or service fees to insurance. Lab requests and samples are sent to lab companies who process and then bill to your insurance accordingly. **All bills for lab work come from the lab company, NOT Heart Spring Health.**

What lab tests are covered by my insurance? _____

Do I have to meet my deductible first? Y N

Is there a visit limit or benefit maximum? Y N _____ How much have I met? _____

Does the lab company need to be in-network? Y N If so, what are the preferred lab companies that should be used for testing?

Quest Diagnostics Y N

LabCorps Y N

Boston Heart Y N

Other(s): _____

Do I have outpatient lab benefits? Y N

What percentage of lab work is covered with a naturopathic physician? _____

Will the claim be applied to my alternative medicine benefits if ordered by a naturopathic physician? Y N

Whom am I speaking with today? _____ Reference number _____

It is very important to write down the name of the representative you spoke with as well as a reference number for the call in case you need to attest the information that was given to you.