

UNDERSTANDING YOUR INSURANCE PLAN

What to do before your visit?

Remember, MSMOC is considered a *specialist*.

Patient's Responsibility

Prior to your office visit, contact your insurance company to ask or verify the following information:

- ~ Is your MSMOC physician *in-network* or considered *out-of-network*?
- ~ Does your plan require a *referral* from your primary care physician? If so, verify it was sent to our office
- ~ What is your *co-payment* amount for a *specialist*? This amount may be different than your primary care physician.
- ~ Do you have an out-of-pocket *deductible*?
- ~ Does your plan have a *co-insurance*?
- ~ Before you end the call, obtain a *reference number*.

MSMOC's Responsibility

As a courtesy, MSMOC will contact your insurance company to verify benefits, but is limited to:

- ~ Effective dates of coverage
- ~ Amount due at the time of service (co-pay/co-insurance)
- ~ MSMOC is not able to verify if our physician is *in-network* or *out-of-network* for your unique insurance plan.

If a referral is received, MSMOC's staff will file the referral in your medical record.

Thank you for choosing Myers Sports Medicine & Orthopaedic Center (MSMOC) for your healthcare needs. We value each of our patients and aim to offer you the best possible medical care, in addition to keeping you informed about your healthcare services.

As a courtesy, our financial counselor will contact your insurance company through an electronic verification system to confirm your insurance benefits. Unfortunately, this system does limit the information MSMOC can obtain on your behalf to only your insurance effective dates and the amount due at the time of service (co-pay).

Because each health insurance plan is different, we recommend that you contact your insurance company to better understand your unique benefits and plan requirements. This guide will help you through any insurance-related steps you may need to take prior to your office visit or procedure

Definitions

Co-insurance — A set percentage you pay for covered healthcare expenses to share the cost with your insurance company; typically paid after an annual deductible is met.

Co-payment — A set fee you pay for a covered healthcare service that is collected at the time of service.

Deductible — Amount of expenses that must be paid out-of-pocket before an insurer will pay.

Facility — Where the procedure will be performed.

In-network — Healthcare providers and facilities that contract with your insurance company at a preferred rate.

Out-of-network — Healthcare providers and facilities that do not contract with your insurance company.

Reference Number — A number given to reference a call made to your insurance company to verify benefits. This number will help to resolve an issue if there is a discrepancy involving payment of service.

Referral — An order from a primary care physician for a patient to see a specialist.

Specialist — A physician who focuses on a specific area of medicine.

If your MSMOC physician recommends you have a procedure, it could be scheduled at one of our hospital outpatient facilities, the MSMOC office, or hospital. It's important to contact your insurance carrier to discuss your scheduled procedure.

As a courtesy, our financial counselor will contact your insurance company through an electronic verification system to confirm your insurance benefits. Unfortunately, this system does limit the information MSMOC can obtain on your behalf to only 1) your insurance effective dates, and 2) the amount due at the time of service (co-pay).

Because each health insurance plan is different, we still recommend that you contact your insurance company to better understand your unique benefits and plan requirements. For most insurance companies, verification of benefits does not mean a guarantee of payment for the procedure. **It's in your best interest to contact your insurance carrier and ask the proper questions.** This guide will help you through any insurance-related steps you may need to take prior to your procedure.

Questions:

If you have any questions, please call the MSMOC office and ask to speak with the financial counselor.

YOUR PHYSICIAN HAS SCHEDULED YOU FOR A PROCEDURE

What to do before your procedure?

Please note that verification of benefits does not guarantee payment.

Patient's Responsibility

Contact your insurance company to ask or verify the following:

- ~ Notify your insurance carrier of your procedure.
- ~ Does your plan require pre-authorization or a notification of the procedure?
 - ~ Is the *facility* in-network?
 - ~ What amount will your plan pay for the procedure?
- ~ If applicable, verify any out-of-pocket amounts for the procedure.
- ~ Before you end the call, obtain a *reference number*.

Out-of-Network or High Deductible

If the facility or physician is out-of-network or you have a high deductible to meet, inquire about payment plan options.

MSMOC's Responsibility

Once the procedure has been scheduled, MSMOC's precertification department will:

- ~ Contact your insurance company to verify benefits.
- ~ Verify if a pre-authorization or notification is required.

Additional Information:

If a procedure is performed in the MSMOC facility, we will verify the amount due at the time of service and contact you with the estimated amount, if necessary. If the procedure is scheduled in a hospital facility, the hospital will be responsible for verifying your benefits.