

## Medical Insurance

### Frequently Asked Questions

#### 1. What is a deductible?

The amount your insurance expects you to pay each year before your full benefit applies. Your insurance company “deducts” this amount from the doctor’s payment, deeming it “patient responsibility”, before paying for any claims.

#### 2. What is a co-payment (co-pay)?

The amount your insurance expects you to pay at each visit. Sometimes a co-payment is a flat fee; sometimes it is a percentage (“co-insurance”) of the visit fee.

#### 3. What is an Explanation of Benefits (EOB)?

You will receive Explanation of Benefits statements from your insurance company after each billed visit to our clinic. Please be assured, these are NOT bills. They are merely statements that insurance companies provide so that you can review the services that were billed on your behalf. You are responsible for paying your deductible, co-payments and services that exceed your insurance limitations, but these will be billed to you *by our clinic* directly and may not match what your insurance company tells you that you owe us.

#### 4. How will I know when my deductible is met?

There are a few ways you can check your deductible. Call your insurance company, look it up online (if this service is provided by your insurance company), or wait until it’s reported on an EOB. Because we don’t know what other providers you have visited, we do not keep track of your deductible (though we do estimate it for fee collection purposes). Also, while we bill in a prompt manner after each visit, other practitioners may have billing delays. We will learn when your deductible is met only once the insurance company tells us on the EOBs sent to our office. In the case that we have collected too much or too little prior to the deductible being met, we will bill you or give you a credit or refund accordingly.

#### 5. Why do my EOBs show that you provided more than one service when I saw the Chiropractor?

In addition to adjustments, our Chiropractor (like most Chiropractors) use additional techniques in order to increase the effectiveness of adjustments and provide the best customized care possible. This may include myofascial release (use of the vibracussor machine or manual massage) and/or manual traction (most often for the neck, but also used on other areas of the spine). Insurance recognizes these services as above and beyond a chiropractic adjustment and they are billed accordingly.

#### 6. What happens if the information about my benefits I received from the clinic is wrong?

We do not guarantee the information about your benefits we provide since insurance companies do not guarantee them to us. There have been times when we have been given incorrect information either over the phone or online (patients have experienced this as well). In the end, we must bill according to the EOBs we receive from your insurance. In some cases, we can appeal an EOB for you, but because your benefits are a contract between you and your insurance company, you have the most influence when you have a dispute with them and, depending on the situation, we may recommend that you make the appeal.

#### 7. What if I have other questions about my insurance?

Just ask our “billing expert” Lori, Billing Specialist for Purity Integrative Health & Wellness Center, PLLC.