Asthma, Allergy & Sinus Center

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EVERYTHING YOU WANTED TO KNOW ABOUT INSURANCE PLANS AND MORE

This document was prepared to inform/prepare our patients to the jargon that is used in the health insurance industry.

CO-PAY: The portion of your plan coverage determined to be your responsibility. Co-pays are due at every office visit and collected at time of visit. We do not bill co-pays. Some plans have different amounts for different services/conditions. Refer to your plan documentation or ID card for information on this subject.

CO-INSURANCE: Sometimes patients have multiple coverage, which means the individual is covered by his own plan as well as the plan of a spouse/parent as a dependant. PRIMARY/SECONDARY position is determined by the patient's birthday. For example a husband and wife both work and both have coverage on themselves from the same or alternate insurance carriers or plans. They also carry additional coverage for each other. The individual whose birthday comes first will have his/her plan be the primary coverage on both parties. The individual with the later birthday will have his/her plan as secondary coverage on both parties.

DEDUCTIBLE: A portion of the allocated annual benefits that is assumed by the patient as their own responsibility. This is a financial condition that has to be met annually before insurance benefits start. However all claims must be filed with the insurance carrier so they can start benefits when the "deductible" has been met. Not all plans have a deductible. Some plans have a deductible condition for "out of network" services (when a patient uses a healthcare provider who does not have a contract with his/her insurance carrier).

PATIENT DID NOT HAVE COVERAGE or PLAN WAS NOT ACTIVE ON DATE OF SERVICE: Service fees are the patient's responsibility.

REFERRAL: A document issued as a condition of treatment by a PRIMARY physician (family doctor, general practitioner, pediatrician, internal medicine physician, OB/GYN). It must state the name of the physician doing the referring, the name of the physician who is being referred to (NO other physician can be substituted) with his "Provider Number" (issued by the insurance carrier), the procedure that is being authorized by the referral (NO other procedures can be substituted), and the date of issue (referrals expire in 3 months from date of issue).

I, the undersigned, have read and understand the above.

Signature _____ Date _____