

PATIENTS WITH HIGH DEDUCTIBLES

1. You made the choice of a high deductible in exchange for a lower premium.
2. We made the choice of participating with your Insurance, this gives you a discount from 30% to 60%, in exchange for the opportunity to see you as a patient.
3. In insurance language this means we are an in-network provider. When we take a discount we are never totally sure what the insurance will allow of our services. If you have been healthy you most likely have not met your deductible, for which you are responsible to pay.
4. Since we are not sure what your insurance will pay, we ask that you pay for your services on the day you are seen.
5. After the insurance has paid the allowed amount for your services then we will send you a check for the difference.
6. We ask that you help us with this policy in exchange for giving you and your insurance company a discount.

Some important definitions

1. Allowed amount- when your doctor participates with your insurance company and the doctor lets the insurance company determine acceptable amounts for services done.
2. E.O.B.- (Explanation of Benefits) when the insurance makes a payment, the insurance and the doctor get an E.O.B. This E.O.B has a breakdown of your benefits. It lists total charges, covered amount, your co-insurance(responsibility), and how much the doctor writes off for only the allowed amount of your visit determined by your insurance company.
3. Deductible: the patient is responsible to pay to the provider the allowable amount up to the amount of the deductible.
If the doctors' charge is \$200.00 and the insurance allows \$100.00 for a procedure, the doctor writes off or discounts the \$100.00. Then the insurance company allows \$100.00 towards the deductible. If you deductible is \$500.00 and you have had no services that year then \$100.00 of the \$500.00 has been met towards your deductible or \$400.00 is left to credit towards your deductible. Your insurance credits the first services received in the mail not the first services performed.
4. Contracted allowable - the amount the in-network doctors has to accept or the maximum fee.