**INSURANCE PRIMER & DEFINITIONS**

**Payment:**

You have several payment options: you can pay in cash/credit card/check at the time of service or your insurance company can be billed. If you choose to pay out of pocket, payment is expected at the time of service. Many providers will offer a discount for payment at time of service that is reduced from the rate billed out to insurance companies.

**Insurance:**

As a courtesy, medical offices will verify your insurance benefits, however, you are ultimately responsible for understanding your coverage. See the *HEALTH INSURANCE VERIFICATION FORM* for guidance on how to verify your own benefits. If we are billing insurance, you will be responsible for any portion not covered by your insurance plan such as your copay, your coinsurance, your deductible, or services that are not covered by your plan. The exact amount that you owe depends on the specific rules of your insurance plan.

**Deductible:**

This is the amount that you are required to pay before your insurance benefit for certain services “kicks in”. Make sure to read the fine print in your plan as your policy may indicate a separate deductible for procedures, labs, or imaging services.

**Co-payment:**

This is the amount that you pay when you come in for a visit. If you are visiting a provider with multiple credentials or specialties such as a dually-licensed Naturopathic Doctor *AND* Licensed Acupuncturist, your insurance company may require a Copay be paid for BOTH services if they are performed in the same visit. For example, if you see your Naturopathic Doctor and she performs Acupuncture during that same visit, your insurance company may expect two separate Copay charges.

**Co-insurance:**

Some health plans are structured so that you pay a percentage of your health care bill. Your provider may estimate your co-insurance payment and collect payment at the time of service similar to a co-payment. If they have over-estimated you will receive a refund for your visit. If your provider has under-estimated you will receive a bill for the balance.

**Explanation of Benefits:**

**See sample EOB as described by Care Oregon**

**PPO (Preferred Provider Organization):**

This type of insurance gives you some flexibility in provider selection. A preferred provider has signed a contract with the insurance company to accept a discounted rate of payment for their services from the insurance company. The difference between the negotiated rate with the insurance company and the provider’s billed fee is “written off” by the provider. As a PPO member, the insured person is only responsible for the negotiated rate for a given service. Furthermore, the coinsurance is calculated as a percentage of the negotiated rate, not the provider’s actual fee.

In addition, your insurance company may have preferred labs or diagnostic imaging centers that they require you work with to obtain “in-network” coverage. This is very plan specific so please check your individual plan for this information.

**Extra special things to be aware of:**

Many insurance plans have annual maximums (either in dollar amount or number of visits) for “alternative health” benefits such as Naturopathic Medicine, Acupuncture, Physical Therapy, Massage Therapy, or Chiropractic Care. These maximums may be per specialty or may be a combined maximum benefit. For example, you may have $600 that you can spend on Naturopathic + Acupuncture + Chiropractic combined OR you may have $600 you can spend on Naturopathic + $600 you can spend on Acupuncture + $600 you can spend on Chiropractic. **It is up to you to track your explanation of benefits over the course of the year to determine when your benefits have maxed out. There is often an enormous delay between your visit and when your insurance company pays your provider – this can range from 2-12 months(!) thus, you will be more abreast of maximums reached than your provider.**

Finally, insurance companies have created many rules to try to keep costs down and each year these rules change. Every insurance company and every plan has different rules and there are thousands of plans out there. Because of this, it is imperative that you understand your individual coverage.