

Tim Martin M.D.



Insurance Deductible Policy

Beginning June 1st, 2018, Dr Martin's office has a new policy concerning insurance deductibles. This becomes effective July 1st, 2018.

I strongly encourage each patient to know how your insurance shares your health care costs with you. Please contact your insurance company and be familiar with the details of your plan!

A **deductible** is the amount you pay for health care services before your health insurance begins to pay.

How it works: If your plan's deductible is \$1,500, you'll pay 100 percent of eligible health care expenses until the bills total \$1,500. After that, you share the cost with your plan by paying coinsurance.

A **copay** is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service.

How it works: Your plan determines what your copay is for different types of services, and when you have one. You may have a copay before you've finished paying toward your deductible. You may also have a copay after you pay your deductible, and when you owe coinsurance.

Coinsurance is your share of the costs of a health care service. It's usually figured as a percentage of the amount your insurance allows to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

How it works: You've paid \$1,500 in health care expenses and met your deductible. When you go to the doctor, instead of paying all costs, you and your plan share the cost. For example, your plan pays 70 percent. The 30 percent you pay is your coinsurance.

At Dr Martin's office, our payment policy is that payment in full is expected at the time you receive your service. Just like the pharmacy, grocery store, department store, or any other place you purchase goods and services.

SELF-PAY: We will collect your payment prior to your visit. If the exact amount is not known at that time, we will collect \$150 in cash, check, debit or credit card. At the end of your visit, if there is a balance remaining, we will reimburse you, mail a check back to you, or leave a credit on your account.

COPAY: We will collect your copay prior to your visit. The remainder of the charges for that office visit will be submitted to your insurance company. If you do not present a valid insurance card, and if we cannot confirm your insurance coverage, you will be asked to self-pay for that visit - see above.

DEDUCTIBLE: We will collect \$150 in cash, check, debit or credit prior to your visit. Once you present us with information from your insurance company showing that your deductible is satisfied for the current fiscal year, we will no longer require the money up front. If the charges your insurance deems eligible are less than \$150, then we will reimburse you by check, or leave a credit balance on your account.

Here's what is happening in our office. At the beginning of the year, everyone's deductibles start over. With so many high deductible policies out there, the majority of patients have unmet deductibles until late in the year. They are seen by their provider and the billing details are sent to their insurance company. The insurance company determines eligibility of the claim. Once the claim is determined eligible, the insurance company notifies our office that the claim is covered. If the patient has not met their deductible for the year, then the patient owes the money. Now we are in a money collecting process. By the time all of this takes place, it could be 4-10 weeks after the initial visit. Now our office has to send out bills, which are frequently not paid the first time. Multiply this process by hundreds of patient visits and it's easy to see that by not collecting deductibles at the time of service, time, energy, expense and frustration are being multiplied for all involved!

We are a medical practice and our job is to provide excellent medical and health care. We do not provide comprehensive personal insurance management services. If you require comprehensive personal insurance management services, you will need to find a physician who provides this for her/his patients. Comprehensive personal insurance management services involves contacting your insurance company and finding out details regarding your plan, coverage, allowables, deductibles or specific claims, among other things.

In order to find out if you have met your deductible, please contact your insurance company and ask a customer service representative. Most major insurance carriers allow you to go online and obtain your benefits as well. Please obtain a document from them showing that your deductible has been satisfied. Show that document at the time of checkin, and we will not collect anything up front. It is your responsibility to verify your deductible information prior to each visit. If you are unable to verify your insurance coverage and verify that your deductible has been met, you will be charged \$150 prior to that visit

If you need help managing your deductible, please ask one of our staff and we will advise you of your options.

If you do not wish to pay prior to each visit, and if you do not want to have to verify that your deductible has been satisfied each visit, we have made available the following offer with additional benefits:

- One time per calendar year payment of \$300 (\$150 after Sept 1st)

- No need to check your deductible status

- No money collected up front for the rest of the calendar year

- Access to Talk to My Doc Now - go to the front of the line for all of your medical requests when those requests are sent through the TTMDN system

Thank you for your understanding.

Printed name: _____ Date: _____

Signature: _____