

MEDICAL INSURANCE INFORMATION

In our efforts to better serve your needs we would like to take a moment and update you on the issues surrounding medical insurance.

We do not want to cause financial hardship for any patient, nor do we want our patients to face unpleasant financial surprises, such as unexpected out-of-pocket costs for medical care. While our practice strives to hold down the cost of patient care, we find that insurance companies are changing coverage on a regular basis.

Let us assist you. If you have questions or problems with insurance coverage, please call our billing office at (402)537-5600; we will be happy to help you. Our office hours are Monday – Friday, 8am to 5pm, and we are located at 611 Fenwick Drive, Papillion, NE 68046.

Please see the following fact sheet for more information.

FACTS REGARDING MEDICAL INSURANCE:

- No insurance covers “everything” or “100%.” There are always limitations and exclusions to coverage.
- Even with two or more insurance plans, there may be amounts or services not covered, for which the patient is responsible.
- Typically insurance plans designate 90% or 80% coverage. Remember, the 90% or 80% coverage is based on an amount set by the insurance plan. The patient portion will be the 10% or 20% set by the insurance company.
- If you have a plan that designates a co-pay amount for an office visit, that amount is payable at the time of your appointment. Remember, paying your co-pay does not mean that all other services are paid by the insurance company. Some plans still assess a co-insurance to medications and certain procedures.
- “Assignment” simply means the patient requests the insurance payment be made directly to the physician. This is not payment in full. The patient is responsible for the designated balance.

Medical insurance is ever-changing and confusing for all of us. Everyone is trying to hold down health insurance premiums. In doing so, we expect that insurance plans will contain more limitations and exclusions to coverage—your out-of-pocket costs for medical care could be higher. For example:

1. Patient deductibles may be higher: \$500 to \$1000 per year is not unusual.
2. Your insurance may limit the number of visits covered or how frequently a service will be covered. You may now be responsible for services that were covered last year.
3. Your insurance could specify that certain medical problems must be present for a service to be covered; if not, there is no coverage and the patient will be responsible for payment.
4. Your insurance could have “annual maximums,” which are caps on payable amounts per year. Beyond that cap, the patient is expected to pay.

Remember, any questions or concerns can be directed to our billing office at 402-537-5600. Thank you for allowing us to participate in your medical care.