



How Does Insurance Work?



A. Introduction:

When you have insurance, you have entered into a contract with an insurance company. Every contract or plan is different, even within the same company. Your plan has a certain monthly cost, called a "premium." Monthly premiums are paid (usually by an employer, a parent, or yourself) in exchange for having an active policy, giving you specific healthcare benefits.

As a customer of an insurance company it is worthwhile that you know what your plan does and does not cover. This way you can make sure they pay for services that they agreed to pay for and that you are not surprised when they don't pay for services they never agreed to cover in your contract. The benefit of being in contract with the insurance company is that they have contracts with physicians to help reduce your out-of-pocket expense with in-network providers. Rather than pay for doctor's fees, you are only responsible for a portion of the bill, your co-pay or co-insurance.

B. Important Insurance Terms:

In-Network: Doctors can choose to be an "in-network" provider with your insurance company. That means the doctor and insurance have agreed to a contract regarding reimbursement for professional services. When you see an in-network doctor, your out-of-pocket expense is typically lower. Compass Chiropractic is an in-network provider with most health insurances in the area.

Co-pay/Co-insurance: A co-pay is a set dollar amount you must pay each time you go to the doctor. The insurance company will pay for the rest of the visit. Many insurances put your co-pay amount on your insurance card. You may see several co-pays listed on your card: chiropractic falls under the category of Specialty, sometimes called SPEC. Co-insurance is similar to a co-pay, except that instead of paying a specified dollar amount, you pay a specified percentage of the bill. For this reason, someone with co-insurance may be charged different amounts each visit, based on which services they receive.

C. How Much of My Treatment is Covered?

Please realize that when we make a courtesy call on your behalf, it is your insurance quoting us your benefits. We suggest that you think of this quote as an estimate, not a guarantee of coverage. After we submit your claims, we will receive an explanation of benefits (EOB) from your insurance detailing their payment toward your visit. In most cases, the quoted benefits match the payment received. Sometimes your insurance company may decide not to pay for visits, or portions of visits (specific services), if they believe your care was not medically necessary, even if their quote stated there was coverage. It is a sad reality, but insurances can make this determination, despite the doctor's judgment to the contrary. We will do everything possible to seek reimbursement from your insurance company and avoid undue frustration.

When it comes to billing and your account, our goal is to obtain the maximum coverage benefit your insurance has contracted with you. However, we make clinical recommendations **based on what you need to get well**, not based on what your insurance would like us to do. Your health and well being will always be our number one concern. We have implemented affordable payment programs for you and your family to continue receiving the health benefits of chiropractic care regardless of your insurance coverage.