



# 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.

# Common Insurance Myths

## Myth #1: I have insurance so they should pay for everything.

It is rare for an insurance plan to pay for all of your doctor's bills. Most of the time, you are required to meet an annual deductible and then pay a co-pay or co-insurance. Furthermore, very few health insurances pay for wellness/preventative care, which we recommend after your symptoms resolve. In the same way an auto insurance does not pay for an oil change or new windshield wipers, your health insurance does not pay for all of your health related expenses.

## Myth #2: If I receive a bill from the doctor, it means my visit wasn't covered by insurance.

This is not necessarily the case. Many times insurance will pay for part of the charges and make you responsible for the remaining amount. If you receive a bill, it may mean that your insurance did pay but did not pay the full amount, meaning you are responsible for the difference. Your explanation of benefits (EOB) from the insurance will detail which services were covered and for how much, so you can know why there is a charge.

## Myth #3: The staff at Compass Chiropractic should know what my policy covers.

As a courtesy to patients, we can find out your policy information before you incur any charges. However, we highly recommend you do the same to make sure they are giving you the same information as they are giving us. It is ultimately your responsibility to know what your plan does and does not cover.

The best way to know for certain what insurance covers is to **call the phone number on the back of your insurance card to get a quote of your chiropractic benefits**. Here are some questions you should ask the insurance representative who answers the phone:

- A. Does my plan cover chiropractic visits? If so, is there a limit on how visits per year?
- B. Will I have to pay a deductible, co-pay, or co-insurance on my chiropractic visits?
  - If you have a deductible, be sure to ask how much you have remaining to meet it.
- C. Do I have a separate chiropractic deductible?
- D. Are X-rays covered in a chiropractic office?
- E. What are my out-of-network benefits? (if we are not in-network with your insurance)

## Myth #4: Since I am paying for insurance, I should use it every chance I get.

Some plans have enormous deductibles and/or poor chiropractic benefits. In these cases, it is more cost-effective to self-pay for services and bypass your insurance altogether. Believe it or not, it may cost you more to *use* your insurance. We can help figure out what option is best for you.



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