

Financial Responsibility for Insurance Payments

Our practice philosophy is based on the highest quality of service available in foot surgery today. To provide you with this, we do not contract with most insurance providers. Although your insurance company will place restrictions to make it difficult for you to see and receive treatment by out-of-network doctors, our goal is to make your experience as seamless as possible.

Out of Pocket Fees

Most insurance policies will have some percentage that will be the patient responsibility of what is commonly referred to as coinsurance or “out of pocket fees”. These amounts vary from insurance provider to provider, but Doctors are required to collect the out of pocket portion of the claim. It is considered insurance fraud if your Doctor does not collect the out of pocket portion of your plans requirements.

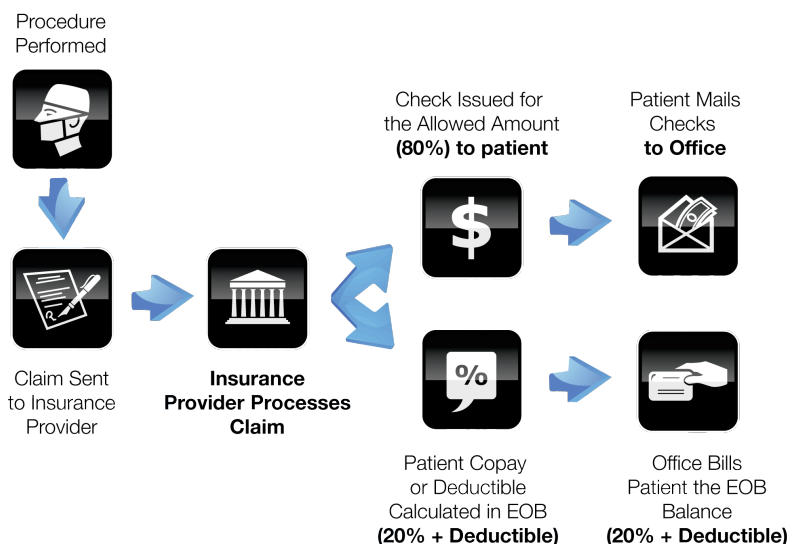
For example, on an “80/20 plan” your insurance company will pay 80% of the allowed amount of the billed charges, after the deductible has been met in full. You will be responsible for the remaining 20% of the allowed amounts.

- Allowed amounts are how much the provider has determined they will “allow” for a certain procedure.
- The deductible is a flat fee that the insurance company has determined for your policy when you purchased your plan. Deductibles are a yearly fee, once they are met in full your coverage is in effect.

Your insurance provider’s fee schedule (which is a pre-determined set of allowed amounts for every surgical procedure) will give you an overview of how much you can expect your Doctor to be paid, and how much you would end up owing.

It is important to note, that we are not given access to fee schedules, and most insurance companies will not be forthright about their fees schedules with Doctor’s offices or Patients. We encourage that you demand a clear fee schedule from your insurance company.

Below is an example of the process for a “standard” claim from start to finish based on a 80/20 plan:



Explanation of Benefits (EOB)

What is an EOB? This is an explanation of the claim processing from your insurance company. Usually there is a check that is attached to the EOB. Since we are out of network, you will probably receive this EOB in the mail.

The check will probably be in your name, however this is not a payment to you. The full amount of the check and the EOB should be forwarded to our office as soon as you receive it. You will receive a bill for this amount if the check is not forwarded to our office.

If you change your insurance plan, please notify our office immediately. Please fax or email the new benefits card to us. If we are not aware of the plan change then you will be billed any billed medical charges.

Implant Fees

Our office will break down all of the fees for any implants used for your procedure. Most insurance policies have benefits for the cost of these implants. We will bill for the cost of the implants, however if the payment received by the insurance does not cover the cost of the implant then you will receive a bill for the difference. For example, if a implant costs \$1500 and your insurance pays \$1300 then you will receive a bill for the remaining \$200.