

YOUR GUIDE TO INSURANCE BILLING

Determining what a session will cost you largely depends on your health insurance plan. But no fear, we can help you find this out! **Here are a few basics to understand and a few important keywords to know.**

Deductible: This is the amount of money you've agreed to pay before your insurance will start to pick up a portion of your costs. The exception is if you have a copay for some basic appointments or wellness-type visits. Deductibles often range from \$500 to over \$5,000. You can also have a separate deductible for "in network" providers and "out of network" providers.

Copay: Many insurances use copays (flat fee) as your share of the cost of certain appointments. Often, copays start at the beginning of the policy and you don't have to meet your deductible first. A lot of times some of your appointments to your medical doctor have copays- like you pay \$60 and your insurance pays the rest of the bill. But sometimes deductibles have to be met first. Your insurance company can tell you this.

Coinsurance: Once your deductible is met, usually you'll have a coinsurance. That means that you'll pay a portion of your care and your insurance will pay a portion. An example is a 75/25 plan. Your insurance pays 75% of the cost of your medical bills after your deductible has been fully paid.

In-Network: Providers often get to choose if they want to be in-network with an insurance provider.

Sometimes insurances only allow a certain number of people to be in-network at a given time, so providers can't join until someone drops out; also some insurance require certain credentials or providers to have practiced a certain length of time. Deciding to be in-network can be a complex decision. However, if your provider is in-network, that means they have an agreed upon amount of money they accept for their services. If they bill you or the insurance for more than that amount, they will write off the difference.

Out-of-Network (OON): This kind of provider hasn't contractually agreed to a specific fee for their services. If your provider charges more than what the insurance would typically pay, then you are responsible for the balance. Sometimes you may have a separate deductible for OON claims. Once your OON deductible is met, most plans enter the coinsurance format. In addition to some of the reasons listed above that might keep a provider from being in-network, some insurance companies are very difficult to deal with, are time-consuming, pay way below market value, require too much paperwork, and micromanage the care of the providers. Many providers in the mental health field across the nation have opted to stay OON strategically with some of these types of insurances.

Allowable Amount: This is the amount that your provider has contractually agreed to accept with your insurance as payment in full for their services. Anything over this is written off by your provider. Your provider's allowable could be different than another provider who does the same type of work.

Ultimately, your health care costs are your responsibility. Some providers, like us, help you understand your insurance benefits before the start of treatment. However your insurance company unfortunately has the control. They don't guarantee us accuracy in their information. If you have a plan that is complex or you don't fully understand it, your insurance company will hold to what they tell you before what they pass on to us.

We hope you've found this health insurance guide helpful in navigating the challenging world of insurance!!

Dr Sheri Fluellen

