

# Copayment and Deductibles

The health insurance process can be confusing. We have summarized some basic facts and tips to help you better understand the current insurance payment system.

## How health insurance works:

Most individuals with health insurance typically receive it through their employer or spouse.

In recent years, premium costs for insurance, as well as out-of-pocket costs for deductibles and co-payments, have risen dramatically. This puts more pressure onto you as well as on doctors to cover the costs of health care on our respective sides. Even though you have health care coverage, your insurer frequently requires you to pay for a portion of your health care costs up front, and “out-of-your-pocket.” Even though we participate with the insurance, our doctors do not get paid for services rendered to your children or you if the service falls under your “out-of-pocket” expenses. This situation creates unfortunately a direct collision between patients and their doctors. In order for doctors to continue to purchase their vaccines and supplies, pay their support staff, and keep their practice open, they have to rely more and more on requesting payments from you, the patients. It is a difficult situation for physicians and families alike, but we hope you understand that this health care reimbursement model is not that of a physician’s invention. This system was designed by the insurance companies to keep their costs down, retain their profits, and shift the costs onto their consumers-you.

There are two main types of “out-of-pocket” costs for which you as an insurer person are usually responsible:

### Co-Payment

This is the amount that you pay us when you come in for a visit. It is a portion of the visit cost which insurance designated as your personal responsibility. If you are an HMO patient, it is the only amount we receive for your visit. If you are a PPO patient, it may be a form of pre-payment.

### Deductible

This is the amount that you are required to pay before your insurance for the year “kicks in”. It is not uncommon that the insured are not aware of their deductible, and are surprised of learning that sometimes even \$2500 of health care costs have to be covered by them (the patient) before the insurance starts paying health care providers for any services. This sometimes means that your entire doctor’s visit, the tests, or any other services have to be covered by you, and that the insurance will not pay for the services until you have paid off “your deductible” for the year. Only after that time will your insurance begin covering for such services.

### Co-Insurance

Some health plans are structured so that you pay a percent of your health care bill, often ranging from 10-50%. Similar to a deductible, this amount is pre-specified by your individual health plan.

In every instance, the burden falls onto you, and we are obligated to request such copayment or deductibles from you. Please understand that providers have to rely on your payments in order to keep providing the services they do. Generally, we collect the co-pay at the time of the visit, and we also request a credit card to keep on file for 90 days, to cover for any additional deductible amount that you may have.

Note: Insurance companies have created many rules to try to keep costs down. Though these rules may sometimes be beneficial, it is impossible to keep track of all of them. Every plan has different rules, and there are hundreds of health plans. Because of this, we ask that you try to learn more about your own insurance plan and what is covered/not covered. This is best done by calling the number on your insurance card.