



Ed Gaelick, CLU, ChFC

WHAT AM I BEING CHARGED FOR?

Insurance can be extremely confusing - especially health insurance. When dealing with yours or a loved ones care, it can become even more overwhelming when the bills start pouring in. In NJ, there are a handful of carriers with dozens of plan options so that means there are hundreds of different ways a patient could be covered. It is nearly impossible to estimate the cost of your doctor visits when you are not even sure what services are about to be performed.

Unfortunately, some visits may leave patients owing contracted cost sharing amounts they didn't intend to have, while other charges wind up being denied and passed to the patient altogether. Before you schedule your visits, we want to bring awareness to certain circumstances that may affect how you could be billed.

The most common scenario we see is from one of the most important type of service, preventive care.

Well Visits Turned Diagnostic

Insurance companies consider a "preventive" visit a screening exam that has no abnormal findings. In this case, it is likely they will cover this exam at 100 percent. However, if any abnormalities are found, reported and/or treated, many policies will apply any cost sharing responsibility the patient has (copays, deductible or coinsurance).

It is our suggestion that you contact your primary care physician prior to attending your annual screening if you have any medical issues you would like to discuss. This will help you be aware of any cost sharing responsibilities you may incur during that visit.

Alternatively, when a performed service is not a "covered charge", the patient may be responsible for the entire balance, regardless of if it's from an in or out of network provider. This also means the amount you are responsible for paying is NOT applied toward any cost sharing totals and completely out of your pocket.

Below are just two examples when a submitted charge would not be fully covered by an insurance company:

Additional fees for off hour visits. The definition of an "off hour visit" can vary provider to provider during weekdays and can include care that is provided on weekends. Some patients may want their primary doctors available to them seven days a week, however, when codes are submitted to the insurance company for "off hour visits", the insurance company may not cover that portion and it will likely be the insureds responsibility.

Pediatric cholesterol screenings completed during an office visit with a Pediatrician. These tests are not routinely performed on those younger than the age of 20. When it is recommended, some insurance plans will require these tests to be done in a lab setting. If you find your child in need of a cholesterol screening, you should check with your insurance company prior to testing to see how this would be covered so there are no surprises.

In conclusion, it is always best to ask your provider or insurance company questions if you are unsure of how something will be covered. It is always best to know the rules of your plan and avoid bills you weren't expecting!

Since 1985, Ed Gaelick, CLU, ChFC, has helped people protect their families, their assets, their businesses and their employees. He specializes in life, disability and long term care insurance, employee and executive benefits. Ed has exceptional knowledge, integrity and a commitment to being relevant to his clients. Throughout his career, he has received many of the highest professional honors awarded in the insurance industry and is the go to insurance expert for various organizations.

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