

## **Insurance Information: THINGS YOU SHOULD KNOW**

Thank you for choosing our practice for your dermatologic care. We are committed to building a long lasting physician-patient relationship with you. Below we have compiled a summary of how health care affects your visit in the hopes of clarifying any misconceptions.

### **1 Wrong or out of date insurance information may result in claim rejection and you being billed for services.**

Insurance is a contract between you and your insurance company. We bill your primary insurance company as a courtesy to you. You, therefore, need to accurately disclose all insurance information as well as any change of insurance information. Your insurance company allows a limited time for us to submit a claim on your behalf. If we are given the wrong information and the claim is rejected, you will be held responsible for the cost of your visit/procedure.

### **2 Physicians never overcharge your insurance company. Your insurance company determines what physicians are paid for the services provided. Your physician has no say whatsoever.**

Physicians who participate with your insurance carrier agree to accept the fees set by your insurance company. This means that the office does not actually “charge” the insurance company anything. When we send a claim, it contains “codes” that represent the visit or service rendered. The insurance company then decides what they will pay based on the contracted fee schedule that they have set. Your physician, GlamDerm and our biller have no influence on what the fee schedule is and have no authority to change it. If your policy includes a co-insurance or a deductible, you may be responsible for part or all the charges determined by your insurance company. Our billing company then will bill you for the amount indicated by your insurance company. You can find this information on the Explanation of Benefits (EOB) provided by your insurance company after your visit.

### **3 If a particular service is not covered by your insurance company, then you will be responsible for the cost of the service.**

There are thousands of different individual insurance policies accepted by GlamDerm. Some have exclusions for particular conditions and services. Unfortunately, we have no way of knowing the details of your individual policy (this information is provided to you by them). Therefore, if you come in for a condition or procedure that is not covered by your policy, you will be responsible for the costs incurred. If you are unsure about the services covered by your policy, please request the “codes” from your physician so that you may contact your insurance company directly to inquire.

## 4 Co-payments

A co-payment is a fee due by you to the physicians' office at the time of your visit. Generally, the applicable fee for GlamDerm is listed under "Specialist Co-pay." Since many health insurance policies change every year, your co-payment may increase or decrease before you are sent a new card. Changes in your co-payment responsibility are listed on the Explanation of Benefits. If your new co-payment is higher, you will receive a bill. If it is lower, we will send you a refund for the amount overpaid.

## 5 Co-insurance

Co-Insurance is a percentage of the total fee allowed by your insurance company for which you are responsible. If you have a 10% coinsurance, you will have to pay 10% of the total fee they assign to your physician. Co-insurance is separate and distinct from your co-payment. It will be indicated on the Explanation of Benefits sent by your insurance company after your visit. Please check your policy to see if you have a coinsurance prior to any visits.

## 6 Deductible

A deductible is the amount you will have to pay before your insurance company pays for any medical expenses. The amount that you owe is entirely determined by the fee schedule determined by the insurance company and the policy contract you have. Example: A patient is told they have a \$5,000 calendar year in-network deductible. This means the patient will have to pay the first \$5,000 before the insurance company will begin to pay. Please check your policy to see if you have a deductible prior to any medical visits.

## 7 What defines a visit?

There is occasionally confusion regarding what constitutes a medical visit, especially when patients come in for blood work or cosmetic procedures. If you are seen by a physician and have any medical discussion, are given a diagnosis, offered medical advice or given drug samples or prescribed a medicine, then this is information that must legally be documented in your medical record. Any information documented during your visit is automatically transmitted to your insurance company as a claim. Co-payments, co-insurance charges and deductibles will apply.

## 8 Billing Contact

Like many other medical practices, we utilize an outside, independent biller. You may direct any billing questions you have directly. Please see below.

**Beata Jablonski, CPC-D**  
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