Understanding Your Insurance

In-Network vs. Out-Of-Network

When deciding where to go for your healthcare, it is important to **choose an in-network healthcare provider**. An in-network provider has contracted with your health insurer to provide services to plan members for specific pre-negotiated (i.e. discounted) rates. This is often called **contracted insurance**. To find an in-network healthcare provider, you should visit your health insurance company's website or call them to verify that the healthcare provider you wish to see is in-network.

Out-of-network providers have not agreed to these rates, and as the patient, you will likely wind up paying a lot more for your office visit. The phrase **accepted insurance** only means the provider will file the claim on your behalf and does not necessarily mean that they are contracted as "in-network" with your insurance.

IMA participates in many health insurance networks. You should contact your health insurance company *prior* to your office visit to confirm that IMA is in-network.

Deductible

A **deductible** is the amount you pay each year for eligible medical services or medications *before your insurance plan kicks in*.
For example, if you have a $1,500 annual deductible you will need to pay the first $1,500 of your eligible medical costs before your plan kicks in.

Many medical costs are eligible to count towards your deductible, such as bills for hospitalization, surgery, MRIs, CAT scans, lab tests, and anesthesia. However, costs for things like well visits, copays, and your insurance premium generally do not count toward the deductible.

If you haven't met your yearly deductible, your insurance company will not pay the claim for your visit and you will be responsible for the total cost.

Contact your health insurance company **prior** to your office visit for information on your deductible.

Co-Pays

A copay is a fixed amount you pay for a particular healthcare service, usually at the time of service. Most copay amounts are found on the front of your insurance card.

When you arrive at an appointment at IMA, you will need to show your insurance card and ID to the front desk and be prepared to pay your copay. Please be aware that the copay for an urgent care visit may be higher than the copay at your primary care appointment. **Contact your health insurance company prior to your office visit to confirm your copay, that way there are no surprises when you check-in for your appointment.**

There may be additional out-of-pocket costs after your co-pay. Lab services done on-site and off-site are billed separately, and your health insurance company may only cover a portion of the services during your visit. **You will need to contact your health insurance company to confirm that our in-house labs are in-network so you can decide if you want to use our in-house lab services or visit a lab that is in-network with your health insurance.**

How Claims Work

After your visit, **your healthcare provider will file a claim with your health insurance company**, outlining the specific care and services you received during your visit. Your health insurance company will review the claim and determine the cost – or **allowed amount** – of the visit. The allowed amount is the maximum amount a health insurance plan will pay for a covered health care service.

The health insurance company will send your healthcare provider a summary detailing how much they will pay, and how much, you, the patient owns. You will also receive an **Explanation of Benefits**, which explains how costs are shared.

Once your healthcare provider receives the insurance company's payment, they will send you a bill for the remaining cost of your visit. This bill, for which you are responsible, will go toward your deductible or coinsurance and should be paid directly to IMA.

Before any doctor appointment, it is best for you to check with your insurance company regarding your health insurance coverage.
This will help you avoid any unexpected bills.