



Frequently Asked Questions About Insurance and Deductibles

What is a deductible?

In an insurance policy, the **deductible** is the amount paid out of pocket by the policy holder before an insurance provider will pay any expenses. In general usage, the term deductible may be used to describe one of several types of clauses that are used by insurance companies as a threshold for policy payments. **The deductible is your patient responsibility, and it is often required to be paid prior to receiving services since it is known that insurance will not pay for services until this is met.**

In other words, a **deductible** is the amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment (copay) or coinsurance for covered services. Your insurance company pays the rest.

Depending on the policy, the **deductible** may apply per covered incident, or per year. For policies where incidents are not easy to delimit (health insurance, for example), the deductible is typically applied per year.

Why am I being asked to make a Deductible Payment + Copay?

If you are being asked to make a Deductible Payment + Copay payment it is because based on the information that is available to us at this time* from your insurance provider, you still have a deductible that has not been met. The deductible payment + copay approximates the charge for a new patient visit or an established visit, depending on which you are being asked to pay. Because deductibles are applied per calendar year, this applies to both new patients and established patients, and starts over every year.

You are responsible for paying this amount, prior to your insurance paying anything, so we are requiring this to be paid at the time of service. It is your responsibility to pay this amount, not that of your insurer, based on your contract with your insurer and therefore, we require this to be paid prior to receiving services.

What if I am not required by my insurer to pay for all or part of this visit prior to meeting my deductible?

There is unfortunately no way for us to know/confirm this, so our clinic policy is to collect the deductible payment and the co-pay at the time of service. If your insurance does cover the visit/service prior to your deductible being met, then you will have a credit to your account which will be reimbursed to you after insurance payment is confirmed.



***What if I am sure I have met my deductible, but it has not been processed/shows up on my insurance?**

You will be asked to pay your deductible payment and co-pay based on what insurance information is available to us at the time of service (or at the time surgery deposit is expected prior to surgery). If this results in overpayment the amount you have overpaid after insurance payment will be returned to you. We can and will only use information available to us through your insurance portal at the time of service/deposit request to determine what you owe.

We understand that there may be times when you have met your deductible, however it is not yet posted to your insurance portal. In these cases, we must go by what the information available to us from your insurer. Once payment has been received from your insurance company, any excess you have been paid will be returned to you in a timely manner. Deductible are attributed to whomever bills insurance first, so while you may have paid a deductible payment elsewhere, if they have not billed insurance/it has not processed then insurance has not yet attributed the deductible to that clinic/provider.

But I have insurance so I shouldn't have to pay...

In insurance, the **insurance policy** is a contract between the **insurer and the policyholder** (patient/you), which determines the claims which the insurer is legally required to pay. In exchange for an initial payment, known as the premium, the insurer promises to pay for loss caused by perils covered under the policy language. If you have selected an insurance policy with a **deductible**, as discussed above, you are required in most cases to pay the deductible amount prior to your insurance paying.

What if I can't afford to pay my deductible?

It is your responsibility to pay your deductible to those providing services, prior to your insurance paying for services, in most cases. If you cannot afford to pay a portion of your deductible (and co-pay) at the time of service, you may qualify for Care Credit. Please ask one of our team members about this if you have questions.

But I am an established patient at the clinic, why do I have to pay?

Based on your contract with your insurance company, even if you are an established patient, you are responsible for paying your deductible (and copay) prior to insurance paying for the services you receive. In most cases deductibles start over yearly. This means that each year you will be responsible for a deductible payment until your deductible is met.

What if I refuse to pay my Deductible Payment + Copay?

We understand and would be happy to reschedule you for a time that works to pay your deductible payment + copay.