



FINANCIAL CONSULTATION GUIDE

A Patient's Comprehensive Guide to Insurance Basics and Frequently Asked Questions

Thank you for choosing Hanger Clinic. We are committed to the success of your care and experience. Please understand that payment of your bill is part of this treatment and care. Our financial counselors are on staff and available to answer any specific billing questions. The following information is provided as a courtesy to assist in a better understanding of frequently asked financial questions.

This document does not cover all situations and should not be construed to be an all-inclusive listing of all possible situations. As part of our commitment of service to you, we will make every attempt to verify your insurance benefits at the time your services are rendered. However, insurance verification or authorization is not a guarantee of insurance payment. This only allows our office to provide you with a preliminary estimate of any monies due by the insured on or before the time of delivery of the device. Your patient portion is subject to change based on final claim determination by your insurance carrier.

Additionally at your appointment, please feel free to ask for a copy of our Financial Policy, which will further clarify your financial responsibility related to professional services provided by Hanger Clinic based on type of insurance.

What should I bring with me to my appointment at Hanger Clinic?

1. All Active Insurance Cards
 - a) Your insurance card provides critical data for billing purposes such as: policy number, group number, plan codes, effective dates, co-pays, deductibles, referral/authorization information, physician phone numbers, insurance company phone numbers and other important information. These cards help our staff to identify your coverage, since many insurance companies offer different types of plans.
 - b. Please let the Hanger Clinic Office Administrator know if you are not the subscriber (i.e. it is your spouse's insurance and you are covered on it).
2. Photo ID
3. Prescription or Referral
4. Payment for any applicable associated service cost (i.e. Co-Insurance/ Deductible/ Deposit)
 - a) Cash, Credit Card, Check



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Question: "What other financial assistance is available?"

Answer: Please communicate your specific questions to Hanger Clinic's on staff Financial Counselors, these team members are trained in traditional funding as well as public/private funding resources that may be available.

Question: Can I make monthly payments?

Answer: Hanger Clinic is happy to offer an extended term, dependent upon the total amount owed, up to 6 months (subject to application approval and total amount owed).

Question: Am I financially responsible if the claim is not paid according to the benefits quoted?

Answer: Since our services are unique and primarily custom made to fit your needs, we prefer not to quote. Following your complete clinical evaluation, our Financial Counselors will present your cost estimate to you for your approval and answer any questions you may have. Costs are provided as an estimate for your review/discussion/approval. Estimates are based on preliminary information for the insurance company and patient/responsible party agrees to make payment in full if the insurance company fails to pay.

Question: "What if my physician is not happy with the results of the device? Will it be adjusted or replaced at no cost?"

Answer: It is our goal to please both the patient and ordering physician and will make every reasonable effort to do so timely.

Excerpt from Hanger Clinic's Warranty: (please be prepared to review the warranty in its entirety to understand company and patient obligations): Hanger Clinic warrants each custom device made by Hanger Clinic to be free from defective workmanship and/or parts, under normal service and use, for six (6) months from the delivery date. The company's obligations under this warranty are limited to the no-charge repair or replacement of the part or part of the device that the company determines to be defective. This repair or replacement may be made at any Hanger Clinic location within the United States. Items not manufactured by Hanger Clinic are warranted for the length of the warranty supplied by the manufacturer of the part or device.

Question: "What is the Date of Service"?

Answer: Ensure as a patient you understand that the date of service is the date you receive your service/item and acknowledge the receipt by signature. Your signature on an Advanced Beneficiary Notice might be required for services that may not be covered. As a patient it is your responsibility to notify Hanger Clinic if you have received the same or similar device from another provider within the past six months.

REFERENCES

1. Hanger Clinic
2. Linkia, a Hanger Company
3. Wikipedia, Health Insurance (free encyclopedia)
4. The Free Dictionary by Farlex
5. HealthCareBlueBook.com
6. www.wellspan.org

Question: Is there additional assistance available to help cover the cost if I cannot afford it?

Answer: Yes, in many cases there are external funding resources available for your consideration that may allow you to budget more comfortably. Hanger Clinic's Financial Counselors will offer you guidance in this area.

Question: Does Hanger Clinic assist in appealing my claim if my insurance company denies coverage?

Answer: In many instances it is our pleasure to assist in appealing a claim, however please be advised filing an appeal will not guarantee that the insurance company will pay more on your bill, but the claim will be reviewed for reconsideration. Many insurance companies, including Medicare, require that you sign an Appointment of Representative form which gives your written consent to have another person write an appeal on your behalf.

Question: What if I have paid my deductible but my insurance still shows a balance?

Answer: Once your insurance carrier pays their portion of the bill, they will send you an explanation of benefits (EOB) to show how the claim was paid. How the carrier paid the claim is based on their contract with us and their contract with you. Additionally most plans have a co-insurance (Coinsurance indicates how an insurer and an insured will share the costs of a bill that exceeds the insurance policy's deductible).

Question: If my insurance does not cover my service, what will my estimated out of pocket cost be?

Answer: Hanger Clinic's Financial Counselors will be available and provide you a written cost estimate for your review/approval.

Question: Will my out of pocket cost be applied to my deductible?

Answer: With a deductible plan, there's a running total of how much you spend on certain covered services until you reach your deductible. But not all payments apply to the deductible. Some services require only a copayment, which is not added to your running total.

Question: Why do I have to pay upfront rather than being billed for my portion?

Answer: Since our services are unique and primarily custom made to fit your needs, it is responsible to ask for payment as deemed appropriate (i.e.; deposit/co-pays/deductibles). Upon completion of your clinical evaluation, our Financial Counselors will present your cost estimate to you for your approval and answer any questions you may have. By asking you to be prepared to make payment on the day of your appointment, we are able to control our cost of billing more efficiently as well as provide you with a variety of payment options.

Question: What payment options do you have?

Answer: Payment is accepted by: Cash, Check, Credit Card or 3rd Party Patient Financing

INSURANCE BASICS

1. What is a 'health insurance policy':

a) A contract between an insurance provider (i.e. an insurance company or a government) and an individual or their sponsor (i.e. an employer). The type and amount of health care costs that will be covered by health insurance provider are specified in writing in a member contract.

2. The individual insured person's obligations may take several forms:

a) **Premium:** The amount the policy-holder or their sponsor (i.e. an employer) pays to the health plan to purchase health coverage.

b) **Deductible:** The amount that the insured must pay out-of-pocket before the health insurer pays its share. For example, policy-holders might have to pay a \$500 deductible per year, before any of their health care is covered by the health insurer. It may take several doctor's visits or prescription refills before the insured person reaches the deductible and the insurance company starts to pay for care. Some plans may have separate deductibles for specific services.

c) **Co-payment:** The amount that the insured person must pay out-of-pocket before the health insurer pays for a particular visit or service. For example, an insured person might pay a \$45 co-payment for a doctor's visit, or to obtain a prescription.

d) **Coinsurance:** Instead of, or in addition to, paying a fixed amount up front (a co-payment), the co-insurance is a percentage of the total cost that insured person may also pay. For example, the member might have to pay 20% of the cost of a service over and above a co-payment, while the insurance company pays the other 80%.

e) **Exclusions:** Not all services are covered. The insured are generally expected to pay the full cost of non-covered services out of their own pockets.

f) **Coverage limits:** Some health insurance policies only pay for health care up to a certain dollar amount. The insured person may be expected to pay any charges in excess of the health plan's maximum payment for a specific service. In addition, some insurance company schemes have annual or lifetime coverage maximums. In these cases, the health plan will stop payment when they reach the benefit maximum and the policy-holder must pay all remaining costs.

g) **Out-of-pocket maximums:** Similar to coverage limits, except that in this case, the insured person's payment obligation ends when they reach the out-of-pocket maximum, and health insurance pays all further covered costs. Out-of-pocket maximums can be limited to a specific benefit category (such as prescription drugs) or can apply to all coverage provided during a specific benefit year.

h) **In-Network Provider:** A health care provider on a list of providers preselected by the insurer. The insurer will offer discounted coinsurance or co-payments, or additional benefits, to a plan member to see an in-network provider. Generally, providers in network are providers who have a contract with the insurer to accept rates further discounted from the "usual and customary" charges the insurer pays to out-of-network providers.

i) **Prior Authorization:** A certification or authorization that an insurer provides prior to medical service occurring and typically contingent upon eligibility, medical necessity, and benefits however not a guarantee of payment.

j) **Explanation of Benefits:** A document that may be sent by an insurer to a patient explaining what was covered for a medical service.

k) **Referral:** A recommendation to consult the (professional) person or group to whom one has been referred; "the insurance company says that you need a written referral from your physician before seeing a specialist".

FREQUENTLY ASKED QUESTIONS (FAQS)

Be an educated guest at Hanger Clinic. Knowing your insurance policy is ultimately your responsibility and vital to receiving the maximum possible benefits. Our Financial Counselors are on staff to guide you through Hanger Clinic's billing process and it is our pleasure to provide the following FAQ's for your consideration.

Question: Is the item prescribed from my physician covered under my insurance plan?

Answer: Coverage varies with each insurance company. We encourage you to check with your insurance company or your employer about this. Please refer to your insurance member handbook or call your insurance company with questions. Remember! Insurance coverage varies greatly from plan to plan. It is important to familiarize yourself with the terms of your insurance coverage.

There are many different types of health insurances. The most common plan types include Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs). It is very important to understand your benefits coverage before seeking care by reviewing your contract or contacting your insurance. Your health benefits will vary depending on what type of plan you have. Some key items to understand include: Does your insurance require you to select doctors and providers from a list? (This is often called a provider network.) If you use a provider outside of the allowed network, will your insurer pay for any portion of the care? (This is often called an "out of network" benefit.) Specifically, what services are not covered by your insurance? (For example, cosmetic surgery is generally not covered. Dental services are not typically part of medical coverage and require separate dental insurance.)

Common Reasons Services are denied: Your plan says the health care service or item you want covered is not medically necessary. You did not get a prior authorization before you received the health care service or item, and your plan says you needed one. Your plan says the health care service or item is not covered by your plan.

Question: Are services covered in-network or out-of-network under my insurance? And what is the difference?

Answer: It is first very important to understand what type of plan you have to determine if Hanger Clinic is an in-network or out-of-network provider.

In-Network Provider is a health care provider on a list of providers preselected by the insurer. The insurer will offer discounted coinsurance or co-payments, or additional benefits, to a plan member to see an in-network provider.

Out-of-Network Provider is one which has not contracted with your insurance company for reimbursement at a negotiated rate. Some health plans, like HMOs, do not reimburse out-of-network providers at all, which means that as the patient, you would be responsible for the full amount charged. Other health plans offer coverage for out-of-network providers, but your patient responsibility would be higher than it would be if you were seeing an in-network provider. Although it may initially cost you more money, there may be times when you might find it necessary, or even advisable, to use an out-of-network provider.

Question: What type of benefits do I have?

Answer: Benefits (the amount payable by the insurance company to a claimant or assignee) will be directly related to the type of plan you have (see above) and the service/item you are seeking (covered or non-covered under your plan).

Question: Is there a maximum benefit per year for the type of services provided by Hanger Clinic?

Answer: This will depend on your plan, it is very important to review your coverage or contact your insurer.

Coverage limits: Some health insurance policies only pay for health care up to a certain dollar amount. The insured person may be expected to pay any charges in excess of the health plan's maximum payment for a specific service. In addition, some insurance company schemes have annual or lifetime coverage maximums. In these cases, the health plan will stop payment when they reach the benefit maximum and the policy-holder must pay all remaining costs.

Out-of-pocket maximums: Similar to coverage limits, except that in this case, the insured person's payment obligation ends when they reach the out-of-pocket maximum, and health insurance pays all further covered costs. Out-of-pocket maximums can be limited to a specific benefit category (such as prescription drugs) or can apply to all coverage provided during a specific benefit year.

Question: Is an authorization or referral required?

Answer: This is dependent upon your insurer's requirements. There are services provided by Hanger Clinic that do require prior authorization or in some cases insurers do not require authorization for items under a certain dollar while other plans require authorization on all services.

Question: Is there anything that I need to do to follow up with my insurance to ensure my item is covered?

Answer: Initially refer to your plan and contact your insurer is your most effective means of understanding your coverage. (Additionally Hanger Clinic's Financial Counselors are available to guide you through this). In some cases, Financial Counselors may enlist your support during the coverage process with your insurer, however ultimately you are responsible to educate yourself to your insurance plan and its coverage/requirements.

Question: I already spoke with my insurance company and they told me that services would be covered at 100% - why would they quote Hanger Clinic different benefits when they contacted my insurance company?

Answer: Often insurance companies quote very basic benefit information to their members. However, once you are evaluated by a clinician at Hanger Clinic, additional details are available that allows our administrative staff to conduct a more in-depth verification of benefits. There may be certain exclusions within your policy that may not be evident without very detailed information as to the exact type of device that has been proposed. In addition, our administrators are trained to research you insurance company's medical policy bulletins, which explain the criteria your insurance company uses to determine medical necessity.

Question: If my device is non-covered, would you still file a claim with my insurance on my behalf?

Answer: In a non-covered scenario Hanger Clinic will typically contact your insurance plan to obtain your eligibility and Out-of-Network benefit information, submit your insurance claim if your plan agrees to pay us directly.

As well as a courtesy, upon request, Hanger Clinic may bill your insurance company on your behalf following your full payment to Hanger Clinic for any non-covered item/service. However, we ask that you participate in helping us by providing insurance card copies and other critical documentation deemed necessary in order to smoothly expedite filing.

Question: What happens if my insurance reimburses you for services that I already paid for?

Answer: If there is a discrepancy we will be happy to review your account and if deemed applicable make any necessary refunds.