Insurance / Billing Questions

We have prepared this information for you to answer some of the most common questions we have received. The billing and insurance process can be very confusing. It is important for you to know your coverage.

Insurance Coverage

This is an agreement between the patient and their insurance carrier. Your insurance plan specifically defines what is covered and what is not covered. We recommend treatment based on your need, not your insurance coverage. You have the right to choose your treatment, please contact your insurance carrier to determine which services are covered or not covered by your plan.

Billing Your Insurance

The Spine Institute will bill your primary health insurance carrier and in most cases we will also bill your secondary carrier as well for you. To bill insurance carriers we will need to obtain some personal information from you, such as social security number. All information that is obtained is treated with strict confidence.

After your insurance carrier has processed your claim you will receive an Explanation of Benefits (EOB) summarizing their payment on your claim. If there is a balance owed we will send you a statement for that amount. For your convenience we accept cash, check, MasterCard, Visa, Discover and American Express. If you need to discuss payment arrangements, please contact our billing office.

Patient Responsibility

Prior to the scheduling of any surgery, our billing office will verify your deductible and coinsurance. We will provide you an estimate of the cost of our services and an estimate of what will be paid by your insurance carrier. This will also provide you with your responsibility. We request that you pay a portion of your responsibility prior to surgery.

Other Bills You May Receive

You may receive bills from other medical professionals and facilities. The Spine Institute only bills for services directly provided by our physician and physician assistant. If you have a question regarding a bill from the other providers, please call the number on the statement.

<u>Radiology or Imaging Center</u> - This may be from any diagnostic imaging performed. (CT, MRI, or x-ray)

<u>Laboratory</u> - This is for any blood work, biopsies or other laboratory procedures performed.

<u>Other Physicians or Providers</u> - If you required surgery and/or hospitalization, there may have been other providers or specialists that provided care to you. This may include anesthesiologists, assistant surgeons, radiologists, hospitalist or another specialist.

<u>Hospital or Outpatient Surgery Center</u> - If you required surgery or any procedure, you will receive a separate bill from that hospital or surgery center.