

## Understanding Your Health Insurance Benefits

Date Prepared: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In Network? Yes  No

Primary Policy? Yes  No

Healthcare expenses can vary from patient to patient. The following is prepared to assist you in understanding your healthcare terms and benefits.

\$ \_\_\_\_\_ **Co-Pay:** A fixed amount you pay for a healthcare service, paid when you receive the service (i.e., office visits). As this is a specialist office, this amount may be higher than what you normally pay for your primary care physician visits. Co-pays are due at the time of service.

\$ \_\_\_\_\_ **Annual Deductible:** A specified amount of money that the insured (you) must pay before an insurance company will pay a claim.

Deductible met: \$ \_\_\_\_\_

Deductible remaining: \$ \_\_\_\_\_

\_\_\_\_\_ % **Co-Insurance:** Your share of the costs of a healthcare service. This is usually figured as a percentage of the amount your insurance carrier allows to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

\$ \_\_\_\_\_ **Out-of-Pocket Maximum:** The most you will have to pay for covered healthcare services in a plan year through deductible and coinsurance before your insurance plan begins to pay 100% of covered healthcare services. Co-Pays and deductibles **may or may not** apply to this amount, this varies by insurance plan.

Out-of-Pocket Maximum met: \$ \_\_\_\_\_

Out-of-Pocket Maximum remaining: \$ \_\_\_\_\_

Do co-pays apply to my out-of-pocket maximum? YES  NO

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Counselors are available to assist you with any insurance or financial-related questions during the course of your treatment. Please feel free to stop in or call xxx.xxx.xxxx to speak with a Financial Counselor.

*This is not a guarantee of benefits; we have made every effort to obtain correct benefit information from your insurance carrier. Final determination of your benefits will be dictated by your insurance company at the time claims are processed. Therefore, your patient responsibility may be different.*



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Healthcare expenses can vary from patient to patient. The following is prepared to assist you in understanding your healthcare terms and benefits.

In reviewing your insurance benefits, we have determined that you have Medicare Part B.

Medicare Part B should pay 80% of your covered services.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Counselors are available to help educate you on your insurance benefits and to assist you with any financial related questions during the course of your treatment. If you have any questions regarding your benefits, please feel free to stop in or call xxx.xxx.xxxx to speak with a Financial Counselor.

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In Network? Yes  No

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Deductible met: \$ \_\_\_\_\_

Deductible remaining: \$ \_\_\_\_\_

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\$ \_\_\_\_\_ **Out-of-Pocket Maximum:** The most you will have to pay for covered healthcare services in a plan year through deductible and coinsurance before your insurance plan begins to pay 100% of covered healthcare services. Co-Pays and deductibles **may or may not** apply to this amount, this varies by insurance plan.

Out-of-Pocket Maximum met: \$ \_\_\_\_\_

Out-of-Pocket Maximum remaining: \$ \_\_\_\_\_

Do co-pays apply to my out-of-pocket maximum? YES  NO

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Supplement Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Healthcare expenses can vary from patient to patient. The following is prepared to assist you in understanding your healthcare terms and benefits.

In reviewing your insurance benefits, we have determined that you have Medicare Part B along with the following Medicare Supplement plan:

- Plan F covers: Medicare Part B coinsurance or copayment  
Medicare Part B deductible  
Medicare Part B excess charges
- Plan G covers: Medicare Part B coinsurance or copayment  
Medicare Part B excess charges  
**This plan does not cover Medicare Part B deductible of \$\_\_\_\_\_**
- Plan N covers: 100% of Medicare Part B **coinsurance only**, except for copayments of up to \$20 for certain office visits

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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