

Your Financial Responsibility

Many healthcare plans have tried to contain costs by limiting coverage; increasing referral, pre-certification or prior authorization requirements; or transferring more of the cost to patients. Below is a list of tasks that are part of our healthcare language as a result of these changes.

- **Referral:** Managed care authorization from your primary care provider (PCP) allowing you to seek specialty services from another provider. Failure to get a referral can result in a higher out-of-pocket expense.
- **Insurance verification:** The process of confirming coverage, deductible, co-pay and PCP information from your insurance carrier.
- **Pre-certification and prior authorization:** Medical necessity screening by insurance plans or a utilization review partner prior to the provision of service.
- **Co-payment:** The managed care member participation cost for services in various locations such as a physician's office, emergency department, specialist's office or locations out of network.
- **Advance beneficiary notice (ABN):** Required from Medicare beneficiaries when specific outpatient diagnostic services do not meet medical necessity screening as defined by Medicare.
- **Waiver of liability:** A signed statement by you accepting financial responsibility if your insurance denies any portion of the claim by failing to adhere to plan requirements.
- **Medicare as a secondary payer questionnaire:** A set of prescribed federally regulated questions that must be answered at a Medicare patient visit to ensure proper coordination of benefits so that Medicare does not pay the cost of service if another party is liable.
- **Claims:** Billing forms submitted to insurance companies allowing them to pay for services provided.
- **Explanation of medical benefits (EOMB or EOB):** Statements provided by your insurance company that explain what it paid and the amount you are responsible to pay.
- **Deductible:** The out-of-pocket amount you elect to pay before health insurance coverage is available. Deductibles are the patient responsibility through the contract you have with your medical insurance company.
- **Coinsurance:** The portion of the allowed amount that must be paid by the member out-of-pocket.

- **Patient statement or bill:** The statement from your provider that lists the amount covered by insurance and your remaining balance. The patient statement and EOB should always agree.
- **Laboratory and Pathology Restrictions:** Some insurance companies restrict where the patient can have lab tests done or where specimens can be processed. **Please call your insurance company before arriving at Concord Endoscopy Center to determine if your insurance company applies laboratory restrictions. The patient is responsible for knowing his or her own particular insurance plan.** Concord Endoscopy Center routinely sends specimens to Concord Hospital Laboratory but also contracts with Quest Laboratories.

If you have any questions, please contact billing services at GI Associates of NH at (603) 228-1763.