

## **Patient Billing Frequently Asked Questions:**

### **Why did my insurance pay only a part of my bill?**

Most insurance plans require that you pay a co-payment, coinsurance or deductible for your health care expenses. Contact your insurance company for specific information about your coverage.

- **What is a deductible?**

Deductibles are the yearly expenses you pay before your health insurance pays anything. For example, each year you pay the first \$1,000 of your health care bills before your health insurance pays anything.

- **What is a coinsurance?**

Coinsurance is a percentage of the health care bill that you pay after you have reached your annual deductible. For example, you pay 20% and your insurance company pays 80%.

- **What is a co-payment?**

Copayments are set amounts you pay when you go to a health care provider. Providers usually collect copayments at the visit. Copayment amounts usually are listed on your health insurance card.

### **Why did I receive a bill if I have insurance coverage?**

You will receive a patient responsibility statement after your insurance processes our bill. The amount you are billed for is based on what your insurance communicates to us on an explanation of benefits (EOB). The EOB details how your insurance processed our bill and calculated your responsibility based on your individual insurance plan. If you believe your responsibility is not correct, please contact your insurance directly.

- **What is an Explanation of Benefits (EOB)?**

An EOB is the notice you receive from your insurance company after getting medical services from a doctor or hospital. It tells you what was billed, the payment amount approved by your insurance, the amount paid, and what you have to pay.

### **My insurance should have paid my bill, what should I do?**

Please verify that your insurance has received and processed the claim. If the claim has not been processed, then carefully review your insurance policy or contact your insurance to determine if the services and procedures are covered. Your insurance will have the most accurate and up-to-date information about your policy and your claim. If your insurance company has questions, please direct them to contact Eastside Primary Care and Wellness to verify that the most up-to-date insurance information is on file.

### **Why am I getting a bill now, when services were provided so long ago?**

Eastside Primary Care and Wellness will process and send a bill to a patient after payment and EOB are received from the insurance and it is confirmed that the balance is owed by the patient. The length of this process depends on how long it takes to receive a response from your insurance carrier.

### **Why is my account in collection?**

Delinquent in payment will result in collection activity. Once we have received EOB from your insurance, we will send out billing statement for your account balance. Failed to send in payment within 120 days from the first statement sent, your account will be turned into our contracted collection agency. When the account is in the collection agency, it is no longer with Eastside Primary Care and Wellness. You will not be able to visit our providers once your account is in collection. You will have to contact the collection agency directly to resolve bad debt in order to visit our providers again.

### **Why did I receive a bill for a preventive exam?**

Each insurance company has a list of preventive services they will cover for your preventive exam. If any non-preventive services or medical conditions were addressed during your exam that required more evaluation, you may be billed for that service. Insurance require accurate reporting from providers when preventive care and additional problems are addressed in the same visit. Please contact your insurance to find out the covered preventive services for your preventive exam.