

Green Prosthetics & Orthotics, LLC Financial Facts & Billing Procedures

This document is intended to provide our patients with general information concerning insurance/billing procedures so we may provide the best care and quality products without any miscommunications. These examples are only guidelines for each insurance type. If you have any questions, please do not hesitate to ask. We want your experience with Green Prosthetics & Orthotics, LLC to be as pleasant as possible and we will do our best to answer your questions or to assist in understanding your insurance. Most, if not all, insurance companies' state, "authorization does not guarantee payment". We will do our best to obtain the necessary information, but if your insurance denies payment, the responsibility for the services provided become yours. You will be responsible for coinsurance and possibly some of your outstanding deductible at the time of service. Most of our products are worn next to the skin and/or are custom fabricated, which means they are **non-returnable**. If you have concerns about insurance payment/coverage, we suggest that you call the number on your insurance card and ask about coverage and payment. We can provide you with the diagnosis & procedure code you may need for specific verification.

Medicare Part B

Patients are responsible for their annual deductible and the 20% of the Medicare approved amount for all covered services. (If you have secondary/supplement coverage to Medicare, we will follow their guidelines for the 20%).

HMO or PPO

Includes (but not limited to): PPO Blue, Keystone, Select Blue, Security Blue, Community Blue (PA), Health America, Independent Health, UPMC, Senior Choice, Univera, Unison, & Gateway. *NOTE-If you do not see your HMO/PPO listed, please inquire. We will do our best to follow the proper procedures necessary to receive your full benefits. If we are unable to obtain the necessary paperwork required by your insurance, you would be responsible for any services provided. If your HMO/PPO is the secondary payor, we will still need to obtain the proper paperwork before service is provided and before billing to your primary insurance.

PA Blue Cross

We will do our best to determine coverage, however, due to the numerous number of plans, we cannot guarantee payment based on the information provided by the insurance company. We suggest **you** contact your insurance to verify coverage, as each plan has unique criteria to follow. We can provide you with the diagnosis & the procedure code you may need for verification. As a courtesy to you, we will submit to your Blue Cross plan. Some plans will pay directly to us while other plans pay to the patient, consequently; payment at the time of service is required for some plans.

PA Medical Assistance/Access

Any other insurance coverage is primary to PA Medical Assistance. We will verify your eligibility and an evaluation for the product will be performed. For some services, we are required to forward that evaluation and documentation to Medical Assistance for their approval before any treatment/services can be provided. This process typically takes 4-6 weeks. You will be notified by mail from Medical Assistance of the approval/denial of coverage for this service. Once you receive notification, please call our office, as occasionally we do not receive our copy of the approval/denial. Upon approval, you will be scheduled for a return appointment to begin the process for delivery of the product. *Once the authorization process is started, please DO NOT change Medical Assistance plans as this will delay delivery and the process might need to start over from the beginning.

NY Medical Assistance

We will evaluate your condition and take the necessary steps to obtain authorization for the service. The services should be covered once authorized, provided you remain eligible and do not switch to a Medicaid HMO before delivery. If we are unable to obtain this information, the services provided will become your responsibility.

Other Commercial Health Insurance

We will attempt to verify your coverage before services are provided. If we cannot verify coverage, a non-covered form and/or payment will be required. You will be responsible for any deductible and co-payments determined by your insurance.

Workers Compensation or Automobile Insurance

This insurance is primary over any other insurance, provided the injury on the claim matches the item/service needed. You will need to provide us with complete information to verify the claim. That information is as follows: The insurance carrier's name, address, phone #, the contact person's name (at the insurance company), date of injury and the claim #. We will attempt to verify your coverage before services are provided. If we cannot verify coverage, payment will be required. Please provide us with your primary insurance at the time of service so we can follow the criteria for coverage in the event that your workers comp/auto denies coverage.

Self Pay/Non-Covered Services and Claim Submission

If the services you are receiving are self-pay or deemed 'non-covered' by your insurance, you will be required to pay a minimum of ½ down before the item is ordered and/or custom made for you. The balance is due upon delivery. Cash and checks are acceptable, as well as Visa, MasterCard and Discover card. Also, for your convenience, we offer 'CareCredit', a no interest payment plan for up to 12 months or an extended payment plan up to 60 months to pay. Their current finance charges will apply.

We will bill your insurance company twice. In the event we are not sent payment or contacted by the insurance company concerning the claim, the balance for services will become your responsibility. At this point, it is the responsibility of the patient to contact his/her insurance company to determine the status of the claim. If a claim is denied, you are responsible for payment in full. We do not have a payment plan and will charge a monthly rebilling fee (1.5% interest) on all balances over 30 days once the claim is forwarded to the patient.