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Payment Agreement

- Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.
- Your health insurance company will only pay for services that it determines to be "reasonable and necessary."
- If your health insurance company determines that a particular service is not reasonable or necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service.
- A quote of benefits and/or authorization does not guarantee payment or verify eligibility.
- If any service or procedure requires pre-authorization, we will make every effort to contact your insurance company and obtain pre-authorization.
- I understand that my health insurance company may deny payment for any services identified above, for reasons stated. If my health insurance company denies payment, I agree to be personally and fully responsible for payment.
- I understand that I am responsible for any deductible, co-payment, or coinsurance that applies.
- I acknowledge that I have read this handout, I fully understand it, I have had an opportunity to ask questions and my questions have been answered to my satisfaction.

Allowed Amount

The "allowed amount" is the amount that your particular insurance company has contracted with your doctor as payment for a particular service, and that is the amount that will be considered when your insurance claim is filed.

Deductible

A deductible is the amount you pay for health care services before your health insurance begins to pay.

How it works: If your plan's deductible is \$1,500, for example, you'll pay 100 % of eligible health care expenses until the bills total \$1,500. After that, you share the cost with your plan by paying coinsurance.

Coinsurance

Coinsurance is your share of the costs of a health care service. It's usually calculated as a percentage of the amount we are allowed to charge for services according to our contract with your insurance plan. You start paying coinsurance after you've paid your plan's deductible.

How it works: You've paid \$1,500 in health care expenses, for example, and met your deductible. When you go to the doctor, instead of paying all costs, you and your plan share the cost. For example, if your coinsurance is 30%, your plan pays 70% and the 30% you pay is your coinsurance.

Copay

Some covered services are subject to a copayment. It is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service.

How it works: Your plan determines what your copay is for different types of services, and if and when you have one. You may have a copay before you've finished paying toward your deductible. You may also have a copay after you pay your deductible, and when you owe coinsurance.

print name

signature

date