

Breathe Better-Live Better!

# Frequently Asked Questions – Insurance

## What does my insurance cover?

Because every insurance company is different, coverages will depend on your plan. We recommend you contact your insurance company to see if you have deductible or co-insurance. For new patients, we will ask for your insurance information over the phone so we may check your benefits, and then review this information with you when you come in for your visit.

### What is the cost of a new patient visit?

A new patient fee can vary, depending on how much testing is done at the appointment. The visit can range from \$200 to \$1,100, depending on which tests are done.

#### Will I have a co-pay?

That information is located on your insurance card. It will say either the co-pay amount or it will say "Spec co-pay." That amount listed is what we will collect at *every* visit. (Co-pays do not apply to your deductible, co-insurance, or out-of-pocket maximum.)

### What is a deductible?

This is the amount that must be paid by the plan participant (you) before the play will pay for certain expense (subject to co-insurance). Please see additional definitions at the bottom of this page.

## What is co-insurance?

The percentage paid by the plan participates (usually after meeting the deductible).

#### What will happen at my first appointment?

The appointment generally includes a thorough medical history, examination, and testing. Generally, first appointments can take between 2-3 hours, depending on the procedures performed.

#### **Definitions**

**Co-pay** – A fixed amount an insured person is expected to pay for a medical expense at the time of the visit. They do not apply to your deductible, co-insurance, or out-of-pocket maximum.

**Deductible** – The amount of expense that must be paid by the plan participant before the plan will pay for certain expenses (subject to co-insurance).

**Co-insurance** – the amount an insured person pays after meeting their deductible.

**Out of Pocket Maximum** – The maximum amount a participant will pay out of their own pocket to cover medical expenses in a given year (some exceptions apply).