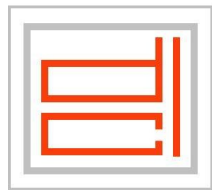


# What Will Today's Visit Cost and Why?

## Understanding Your Insurance and Office Charges



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### What is a health insurance policy?

An agreement and a plan between you and your insurance company that covers the cost of your medical and surgical expenses. The cost is usually shared between you and your insurance company in amounts agreed upon when signing up for the plan.

### Key components of your insurance

**Copayment/ Co-pay:** A fee you pay for a doctor's visit

**Deductible :** The cost of care that you pay, up-front, for eligible medical/surgical expenses in a calendar or plan year. After the deductible is met, you pay nothing or you pay a cost share (co-insurance) with your company. Deductibles are a rapidly growing part of most patients' plans. We encourage you to know yours and the amount that you owe on your deductible.

**Co-insurance:** A percentage of medical/surgical expenses shared between you and your insurance company. For example 15% patient, 85% insurance company.

Similar to any car repair, restaurant, or salon, *it is expected that you pay for the above components of your insurance coverage at the time the service is completed, in-office.* All claims submitted to your insurance are verified by your insurance company and any discrepancies, by law, must be reconciled between the medical practice and your company.

### What does "In-network " and "Out- of- Network" mean?

**In-network:** a network of practitioners contracted with your insurance company who provide the greatest discounts on their services, or a preferred rate.

**Out-of-network:** other practitioners who have not contracted with your insurance company and may not have preferred rates.

### Referrals

#### What is a referral?

A physical or electronically transmitted document authorizing your visit to a specialist. Depending on your insurance plan, a referral may be necessary prior to seeing any specialist other than your primary care physician (PCP), if you want that service to be covered.

## Why you need a referral

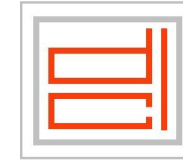
Other than being a process by which your insurance company approves and tracks specialist services, it facilitates billing and ensures that claims are a covered medical expense.

## Does everyone require a referral?

No. Please check your insurance plan to see if you require a referral before visiting a specialist. In almost all cases, we cannot see a patient who does not have a referral, whose plan requires them to have one.

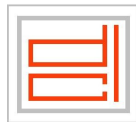
## Your insurance card usually has the information you need to determine what your visit will cost you

Your **policy/group number** and **co-pays** are usually listed. Most importantly, a **member services toll-free number** is usually listed and an insurance specialist is usually ready to provide you information on your plan, as it pertains to your specific visit/procedure type, within minutes.



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INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: XXX-XX-XXXX	EFFECTIVE DATE: XX-XX-XXXX
GROUP #: XXXXXX-XXX-XXX	PRESCRIPTION GROUP #: XXXXX
PCP CO-PAY: \$15.00 SPECIALIST CO-PAY: \$25.00 EMER. ROOM CO-PAY: \$75.00	PRESCRIPTION CO-PAY: \$15 GENERIC \$20 NAME BRAND
MEMBER SERVICES: 1-800-XXX-XXXX CLAIMS/INQUIRIES: 1-800-XXX-XXXX	



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