

Insurance Information & Terminology

Understanding your insurance coverage helps prevent delays, denials, and unexpected charges. Please review the information below carefully.

Insurance Plan Types

HMO or POS Plans

These plans may require you to select a Primary Care Physician (PCP) within your insurance network. If one of our physicians is not listed as your PCP, your insurance company may deny your claims and you may be responsible for payment.

PPO Plans

PPO plans allow you to see any in-network provider without selecting a specific PCP. Please refer to your insurance company's provider directory for a complete list of participating providers.

Referrals & Authorizations

If your insurance plan requires a referral for specialist visits or urgent care services, it is your responsibility to contact our office to obtain one.

If a specialist referral is needed, please schedule your appointment first and then notify our office. Allow **3–5 business days** for referral processing.

Failure to obtain a required referral may result in claim denials and/or the need for an appeal. Patients are ultimately responsible for following their insurance company's referral and appeal procedures.

Newborn Insurance Coverage

Newborns must be added to your insurance policy within **30 days of birth**. Please contact your employer or insurance provider to complete enrollment paperwork.

If your baby is not added within this timeframe, claims may be denied and charges may become your responsibility. Do not rely solely on your employer—please confirm your newborn's coverage has been activated.

Insurance Cards & Coverage Changes

Insurance cards are required at **every visit**. If individual cards are issued for each family member, the specific child's card must be presented at the time of service. We verify insurance information at each visit to ensure accurate and timely claim submission.

Insurance benefits can change at any time. Some plans include deductibles and coinsurance rather than a copay, and some limit coverage for well-child visits. We encourage families to review their insurance policy, as we are unable to determine individual plan benefits or coverage limitations.

Common Insurance Terms

Coordination of Benefits (COB)

Information requested by insurance companies regarding additional insurance coverage. Claims will be placed on hold until this information is provided. Please contact your insurance company promptly if you receive a COB request.

Copayment (Copay)

A fixed dollar amount paid by the patient for certain services, typically due at the time of the visit.

Coinsurance

A cost-sharing arrangement in which the insurance company and patient split covered expenses by percentage (for example, 80% insurance / 20% patient).

Deductible

The amount a patient must pay out of pocket before the insurance company begins covering eligible services.

Eligibility Date / Effective Date

The date on which insurance benefits begin.

Explanation of Benefits (EOB)

A statement from your insurance company explaining what services were billed, what was paid, and what portion may be your responsibility. An EOB is **not** a bill.

Flexible Spending Account (FSA)

A pre-tax account used to pay eligible healthcare and dependent care expenses. Funds typically must be used within the plan year or they are forfeited.

Health Savings Account (HSA)

A tax-advantaged savings account used for qualified medical expenses. Unused funds roll over year to year.

Network

A group of doctors and facilities contracted with your insurance company. Coverage is typically highest when services are received within the network.

Primary Care Physician (PCP)

A physician designated by the patient to manage and coordinate their medical care.

Referral

Authorization required by some insurance plans to see a specialist. Patients are responsible for ensuring required referrals are obtained before the visit.

Specialist

A physician who focuses on a specific area of medicine and typically sees patients by referral from a PCP.

Timely Filing

The deadline set by insurance companies for submitting claims. Providing accurate insurance information at the time of your visit helps prevent delays and denials.