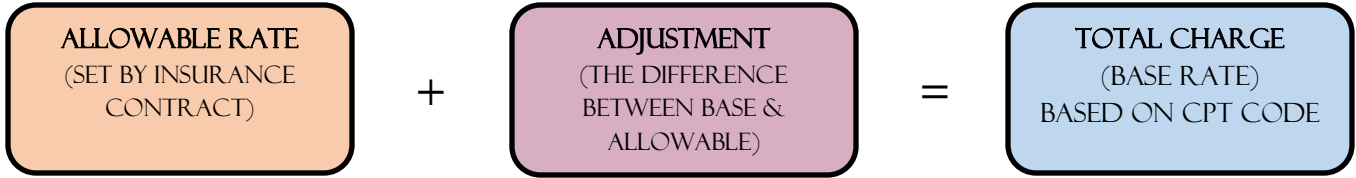


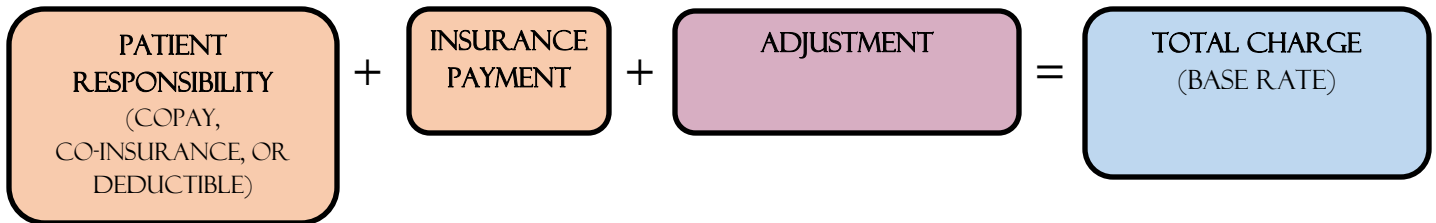
INSURANCE ALLOWABLES, DEDUCTIBLES & PATIENT RESPONSIBILITY



EXAMPLE:



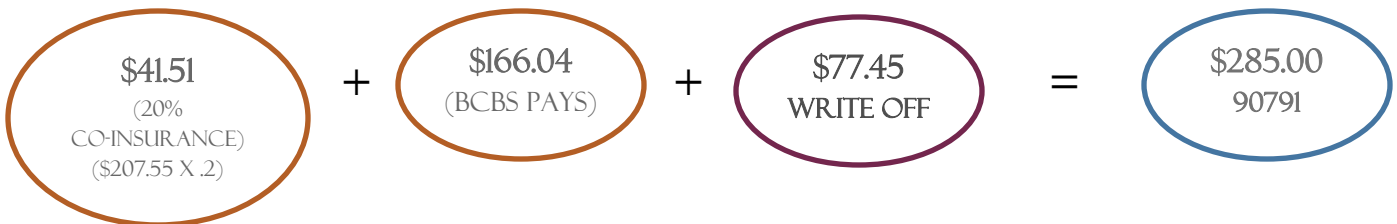
THEREFOR:



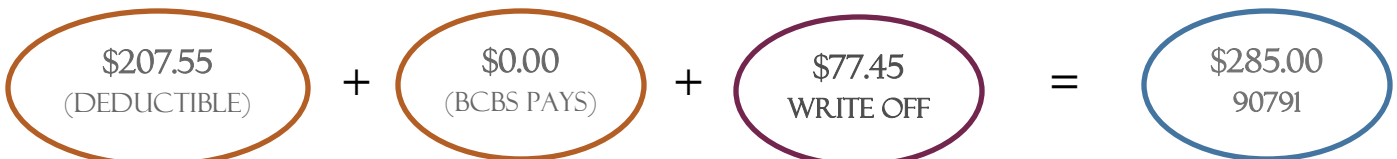
COPAY EXAMPLE:



CO-INSURANCE EXAMPLE:



DEDUCTIBLE EXAMPLE:



GLOSSARY OF INSURANCE TERMS

ADJUSTMENT (WRITE OFF): The difference between the “base rate” and the “allowable rate.” This amount is not charged to the patient.

ALLOWABLE RATE: The highest amount the insurance company will cover (pay) for a service.

BASE RATE: The fee set by the clinic.

CO-INSURANCE: A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay.

Example: Your plan might cover 85 percent of your medical bill. You will have to pay the other 15 percent. The 15 percent is the coinsurance.

COPAY: This is a flat rate you pay each time you receive services. You may have to pay a copay for each covered visit to your provider, depending on your plan. Not all plans have a copay.

CPT CODE: Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations. CPT codes are used in conjunction with ICD-9-CM or ICD-10-CM numerical diagnostic coding during the electronic medical billing process.

DEDUCTIBLE: The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time).

Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your healthcare services. After you reach \$2,000, your health insurer will cover the rest of the ALLOWABLE COSTS.