What should I do if my insurance denies coverage?

If you receive a denial notice from your insurance company, or you receive a statement from Northwest Primary Care showing payment denial by your insurance, we may be able to assist you. Please call our Business Office at 503.659.4777. Our billing staff will review your records to determine whether there is alternative CPT4 procedure coding or ICD9 diagnosis coding that may allow us to re-bill your insurance plan. Please note that we can only re-bill alternative codes representing the actual medical services you received. We are not able to bill codes for services you did not receive, even if the insurance plan Customer Service Representative suggests a coding that would allow payment. Our goal is to bill your services as accurately as possible to ensure maximum payment by your insurance and minimize your out-of-pocket payments.

What is a "Preferred Provider"?

Some insurance plans called "Preferred Provider Plan" or "PPOs" have different benefit coverage for "in-plan" providers and "out-of-plan" providers. Seeking care from an in-plan provider often means smaller out-of-pocket payments by you. Northwest Primary Care strives to participate as an in-plan provider whenever possible. If your insurance plan is a PPO, please call our Business Office at 503.659.4777, and our staff can tell you whether we are an in-plan provider for your insurance.

What is a "Referral Authorization"?

Some insurance plans require a referral authorization by your Primary Care Practitioner before you can seek medical care from a specialist or other ancillary medical provider. Northwest Primary Care providers are happy to provide referral authorization for appropriate referral medical care. If you have a question regarding the status of a referral authorization, please call our Health Plan Office at 503.659.4777.

This is general insurance information for our patients and does not apply to any specific insurance plan. Contact the Customer Service department at your insurance plan to learn about your specific benefit coverage.

Contact Us

Appointment Scheduling
503.659.4988

Business Office
503.659.4777

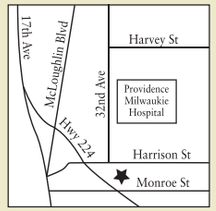
For more information about services provided at any Northwest Primary Care clinic, please visit our Web site at NWPC.com.

LOCATIONS

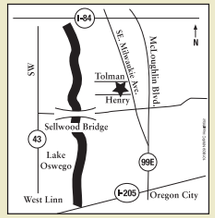
INSURANCE Q&A

NORTHWEST PRIMARY CARE LOCATIONS

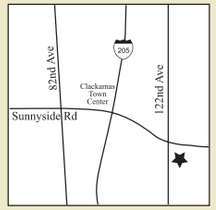
CLACKAMAS
INTERNAL MEDICINE
10024 SE 32nd Ave.
Milwaukie, OR 97222
(Patients15 years and older)



MILWAUKIE
FAMILY PRACTICE
3033 SE Monroe St.
Milwaukie, OR 97222



SELLWOOD/
MORELAND CLINIC
6327 SE Milwaukie Ave.
Portland, OR 97202



TALBERT CENTER
FAMILY PRACTICE
12360 SE Sunnyside Rd.
Clackamas, OR 97015

For appointments and assistance, call
503.659.4988.
nwpc.com

Northwest PRIMARY CARE
Care for every stage of your life

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9034 10/10

INSURANCE Q&A

Will my office visit be covered today?

Medical insurance coverage can be confusing. As difficult as it may seem, however, it is important that you take the time to understand your own insurance. Whether you are a member of an employer-sponsored medical plan, an individual medical plan, or a government-sponsored medical plan, such as Medicare or Medicaid, you may end up paying more out of your own pocket by not understanding the details of your insurance. Our goal at Northwest Primary Care is to help you maximize the benefits of your insurance plan and minimize your out-of-pocket payments.

What is a "Copayment"?

Your insurance may require a copayment for office visits. A copayment is usually a fixed dollar amount that you are required to pay (and we are contractually required to collect) at the time of your visit. Copayments are usually required for primary care visits, such as Family Practice or Internal Medicine, and are sometimes required for specialist office visits, such as Cardiology.

What is a "Deductible"?

Your insurance plan may require you to personally pay for medical services you receive, starting at the beginning of each calendar year, up to a certain dollar amount. This amount is called your "annual deductible." For example, if your plan has a $1,000 annual deductible, you are required to pay the first $1,000 each year for medical services you receive, after which your plan begins paying. The deductible is applied once each year for all medical services, including specialist visits, out-patient services, durable medical equipment, etc. It may also include primary care visits if your plan does not require a copayment for those office visits.

What is "Co-Insurance"?

Once you have personally paid for your medical services up to your annual deductible amount, your insurance plan will begin paying. If your plan has a co-insurance, it will require you to pay that percentage amount for those services you have received in excess of your deductible. For example, your plan has a $1,000 deductible and a 20% co-insurance. You receive an MRI scan costing $1,500 at the beginning of the year. Your plan would require that you pay the first $1,000, plus your co-insurance of $100 (20% of the amount over the deductible, i.e., 20% of $500).

What is "Maximum Out-of-Pocket"?

Your insurance plan may offer a maximum out-of-pocket amount for each member, on a family basis, or both. This amount is the maximum you are required to personally pay each year as a member or as a family. Some plans include the annual deductible amount you are required to pay in your maximum out-of-pocket limit, while other plans require you to pay the annual deductible amount in addition to the maximum out-of-pocket limit. After you have met the maximum out-of-pocket limit for the year, your plan will begin paying for all services in full.

What is an "Allowed Amount"?

Northwest Primary Care is contracted with most national and regional insurance companies. These contracts determine the amount Northwest Primary Care can collect for services provided. After providing your medical care, we will bill your insurance company, and they will determine the amount they will pay and the amount to be collected from you. In most cases, your insurance will send you an "Explanation of Benefits," listing the services received and for what you, as the member, are responsible. After receiving this same information, we will send you a statement listing the "patient responsibility" amount.

What types of clinic visits may not be covered by my insurance?

Insurance plans vary in what services or clinic visits they will cover or for which they will pay. If you receive a medical service that is not covered by your insurance, you are responsible for the full payment. Some common visit types insurance companies deny coverage for include:

- Annual Physical Exams
- Infertility Testing
- Mental Health visits (sometimes including post-partum visits)
- Weight Loss and Obesity

How can I learn whether my insurance will cover my clinic visit?

The only way to determine if your clinic visit or medical services will be covered is to call the Customer Service department listed on your insurance card (it is usually a toll-free number). Talking with your Customer Service Representative can educate you about what your insurance will cover. With hundreds of insurers and thousands of insurance plans, our staff are not able to know what your insurance will cover.

What should I do if my insurance sends me a letter requesting my health status?

If you receive a letter from your insurance company asking for information regarding your health status or about a recent injury, you should respond to it as soon as possible. The insurance company might need information regarding your health to determine whether a pre-existing condition exists. The letter might ask about a recent injury to determine whether your insurance company will need to coordinate benefits with a Workers' Compensation carrier, an Auto Insurance carrier, third-party liability carrier, or other medical insurance coverage. In almost all situations, if you fail to provide the information requested, your insurance will deny payment for the services received and require full collection from you.