

**KAMM, MCKENZIE OB/GYN**  
**OBSTETRICS • GYNECOLOGY • INFERTILITY**  
[www.kmobgyn.com](http://www.kmobgyn.com)  
919-781-6200

**YOUR FINANCIAL RESPONSIBILITY**

Many of the services provided in this office are covered, and paid for, by most insurance plans. Unfortunately, not all services are paid by insurance. You are ultimately responsible for paying for the services received in this office. In cases where insurance does not pay for your services, you will be personally responsible for the bill, unless we have a contract with your insurance company which specifically dictates otherwise.

**INSURANCE FILING AND THE LAW**

Recent Federal laws addressing all insurance companies require that we submit claims to an insurance company accurately, reporting the exact services performed and the reason for performing them. The claim submitted must be supported by documentation in the chart for the exact date of service. Neither the chart documentation nor the claim itself may be amended or altered solely for claim payment purposes. Our practice is committed to obeying the law and will not alter records to have a claim paid.

**PATIENTS COVERED BY CONTRACTED INSURANCE COMPANIES**

If we have a contract with your insurance company, we will collect your co-payment at the time of services and file claims for office service on your behalf. However, we cannot file a claim without complete and accurate insurance information and ask that you bring your insurance card to each appointment. Notify the staff of any change in your insurance as soon as you check in for your appointment, and please come prepared— *it is your responsibility to provide us with your insurance information.*

If you need medical services and do not have your insurance card, you may still keep the appointment. However, we will not be able to submit your claim. You will therefore be asked to pay in full for services received. If you provide the necessary insurance information within the claim filing deadlines, as mandated by your insurance company, we will then file your claim. When the claim has been paid, you will be reimbursed for any overpayment you made. If we do not receive the information until after the claim filing deadline has passed, we will not submit the claim.

If we have a contract with your insurance company, our office won't charge you for lab tests run on specimens which are sent to an outside lab. (We may charge for specimen handling and/or a venipuncture fee.) Instead, your insurance information will be sent to the lab, along with the specimen. The lab will file their charges with your insurance company. However, if we don't have your correct insurance information at the time of the specimen collection, it can't be sent with the specimen. Therefore, the lab will bill you for their charges. In that case, it is your responsibility to contact the lab with your information. If your insurance information was not available to us at the time of the specimen collection, we will not forward it to the lab at a later time.

**PATIENTS NOT COVERED BY A CONTRACTED INSURANCE COMPANY**

If we are not contracted with your insurance company, we are not obligated to submit claims to them. Therefore payment for *gynecological* services is due at the time of service. You will be given an encounter form so that you may file the claim on your own. *Exceptions to this policy will be made for office surgical procedures, surgeries performed in the hospital and maternity care.* In these cases, we will submit claims on your behalf even if we do not have a contract with your

insurance company. Please read the additional handouts provided by our office for more detailed information about your financial responsibility in regards to maternity care.

If we don't have a contract with your insurance company, our office will normally charge you for lab tests (including specimen handling and/or venipuncture fees, if applicable) run on specimens which are sent to an outside lab. There are some exceptions and in those cases, the lab will bill you for their charges.

### **ANNUAL EXAMINATIONS**

As a commitment to your health, our physicians recommend that every patient have an "annual exam" that enables them to evaluate your overall health and make sure you are not developing any unexpected problem or illnesses. Unless there is a major new finding, or a significant medical problem which must be addressed, we must submit the service to your insurance company as a routine, annual or preventive examination.

If there is a major finding, or significant medical problem requiring additional time and/or decision making on the part of the physician, there will be an additional charge for addressing the problem. The annual exam itself cannot be filed as problem related and will be filed as routine. The additional charge will be filed as problem related, with the appropriate diagnosis for the problem. It is extremely likely that your insurance company will determine that you are responsible for two co-payments in this situation; one for the annual exam and one for the problem. You are responsible for payment of any portion of your charges not paid by your insurance (excluding contractual write offs) including, but not limited to, two co-payments, if applicable.

Your physician may recommend that screening tests are performed during your annual exam. Despite being recommended by your physician, it is possible your insurance will not consider them medically necessary, even if a positive family history for a condition exists. Most insurance plans have specific guidelines for coverage of screening tests and if your insurance determines the tests to be non-covered, you will be responsible for paying for them. The tests can not be submitted as anything other than screening, unless you have specific, documented symptoms on the date of service that warrant the test.

Even if the results of these screening tests show some problem, if they were done for screening purposes they must be submitted that way to your insurance company, and we cannot change the information on the claim for payment purposes.

### **NON-COVERED SERVICES ARE YOUR RESPONSIBILITY**

Insurance companies do not pay for all medical services, even those that may be helpful to the patient. When a service is not covered by your insurance policy, you will be responsible for paying the bill. We cannot change information on an insurance claim for the purpose of insurance coverage.

If you are not sure if a service is covered by your plan, please contact your insurance company in advance. You can do this by using the phone number located on the back of your insurance card. We will be glad to work on payment plans for non-covered services, but arrangements must be made in advance.

### **FOR ADDITIONAL QUESTIONS**

If you have any additional questions, please don't hesitate to contact our office or check our website [www.wakeobgyn.com](http://www.wakeobgyn.com). Please keep in mind that we are unable to answer questions relating to your specific insurance benefits because this is information only your insurance company can provide.