Understanding Your Health Benefits

Health Insurance provides benefits to pay for medical expenses. Every health insurance plan is different, and depending on the plan you are enrolled in, you may be responsible for a portion, or possibly all, of the cost of the services you receive from us. The amount you are responsible for is calculated based on your deductible, coinsurance, and out-of-pocket maximum.

Deductible

This is the amount you owe for health care services before your Health Insurance plan begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible. The deductible may not apply to all services.

Coinsurance

This is your share of the costs of a covered health care service, after your deductible has been met. Coinsurance is calculated as a percent (for example, 20%) of the amount approved by your insurance. If your deductible has not been met, you may be required to pay coinsurance plus any remaining deductible costs you owe.

Out-of-Pocket Maximum/Limit

Deductible and coinsurance amounts paid in a plan year add up to the out-of-pocket maximum. Once the out-of-pocket maximum is reached, your Health Insurance plan will begin covering 100% of eligible charges for the remainder of the plan year.

Documentation Requirements

Health Insurance companies set documentation requirements that we must follow in order to provide you with your medical device. The initial prescription provided by your physician may not contain all of the necessary criteria, as defined by your specific Health Insurance plan. If this is the case, your first visit with us may only be for an evaluation; we cannot dispense the product until we have the required documentation on file. In the meantime, we will work with your physician to obtain the documentation to meet your specific Health Insurance plan's guidelines. Once all of the required documentation is received, we will contact you to make arrangements for you to receive your item.