



## Dr. Brad Eli & Associates Policies & Procedures

### PATIENT FINANCIAL RESPONSIBILITIES

#### FINANCIAL POLICIES

Arrangements for payment are made prior to your visit; either through a Self-Pay option or your **Medical Insurance** plan. The advantage of the self-pay option is that it offers **fast access to care**, no delays while waiting for physician referrals or insurance authorizations. You can get a quick assessment of your condition and from there you can begin to make decisions about how you would like to proceed with care.

You are your **own best advocate** when it comes to using your insurance. You are a customer of the insurance company and can get answers quickly by contacting them directly.

Co-pays are collected at each visit.

#### SELF PAY

Typically, payment is due when services are rendered, preferably by credit or debit card. For larger balances a payment plan out to spread payments over 3 - 6 months may be available. Our Revenue Cycle Manager will work with you to set up an individualized program.

#### HMO INSURANCE

Your Primary Care Provider will initiate the authorization request for your **Initial Visit**. Our office will request authorization for **Follow-up visits and Treatments** on your behalf. Please allow 2 weeks from initial visit.

If treatment is received without prior authorization, will you be responsible for costs. You may decline any unauthorized procedure or visit and request that it be re-scheduled when it is authorized. You can contact your insurance company directly to expedite this process. More information about how to do at [www.drbradeli.com](http://www.drbradeli.com).

#### PPO INSURANCE

Typically, referrals and prior authorizations are not required. However, there are exceptions for certain treatments. We recommend you check with your insurance company prior to scheduling a visit or treatment.



## Dr. Brad Eli & Associates Policies & Procedures

### **OUT OF NETWORK PROVIDER**

We contract with many medical insurance plans, listed on our website. If we are not contracted with your company, you should contact your carrier to learn about your **Out of Network** Benefits. Because we are an **Orofacial Pain Specialty** Practice, with no similar providers in this area, your insurance may still cover your care. We advise you to contact your plan administrator to discuss your coverage.

### **MEDICARE**

With direct Medicare, you do not need prior authorization for treatment, but if you have a Medicare HMO, you will require prior authorization. There are treatments that Medicare does not cover. Please make sure to clarify your benefits prior to treatment.

If you have Medicare, without a secondary insurance, you will be required to pay the 20% of charges not covered by Medicare.

### **FREQUENTLY ASKED QUESTIONS**

**1. *I have called numerous times and not received an answer. What can I do?***

If you do not hear from us within 1 business day, please reach out again using a different communication method: email "info@drbradeli.com", text 760-274-0787 or call 760-533-8716 to reach a supervisor.

**2. *How can I check on the status of my authorization?***

Call the number for Member Services on your insurance card. Refer to our website for treatment codes. This will make it easier for your insurance carrier to give you an update on your request.

**3. *My dentist referred me to your practice. What do I need to do?***

Our treatments are covered under Medical Insurance. If you have an HMO Plan, contact your Primary Care Provider to request a referral and authorization for treatment. If you have a PPO plan, you can contact us to make an appointment.

**4. *I have Kaiser Insurance. Can I get covered at your practice?***

Kaiser will direct you to receive care through their network of providers. If you have exhausted all options available to you through the Kaiser system, you can request an Out of Network Referral. This will take some persistence on your part.

**5. *How do I appeal a denial of care or payment decision from my insurance company?***

You have a right to appeal. Review the denial letter you received and follow appeals process.