

Insurance FAQs/Cheat Sheet

What Insurances do we take? PPO's and MEDICARE

Aetna PPO

Blue Cross PPO

Blue Shield PPO

United Health Care PPO

Medicare that's not associated with Kaiser

Cigna PPO

Why don't we take Kaiser or other HMO policies?

When a provider/doctor's office contracts to be IN NETWORK (HMOs), the insurance company often dictates the care and so it doesn't give the doctors/providers as much control to take care of their patients as needed because of the coverage limits. This often forces the providers/doctors to have to see more patients to make up for the low reimbursements and therefore may decrease the quality of their care. Usually this is not in the best interest of the patient's health which is why we don't contract.

How do deductibles work?

Most insurance policies have an annual deductible that is required to be met by the patient/policy holder before they start to reimburse the doctor/provider. Currently most deductibles are quite large and if there are chiropractic benefits, as the insurance is billed, the out of pocket deductible has to be paid out first before the insurance will pay. If the insurance allows for 12 visits per year, as we bill the company, usually each visit will be

	deducted from the 12 visit allowance even if it is during the deductible period.
What about FSA/HSA?	Many people who have large deductibles may be given an HSA or FSA linked to their insurance through their work which allows them to have a debit card to pay for health expenses including deductibles, co-payments, chiropractic care, products, therapies, massage, orthotics, Cryotherapy.
What are co-pays?	Often times, the insurance company will pay for a portion of the visit/adjustment and requires a copayment from the patient. This could be a set amount (i.e. \$15 medicare) or could be 30% of adjustment/office visit.
How does Medicare work in our office?	<p>We accept medicare as a participating provider. Medicare will only cover the adjustment to the spine. It will not cover any adjustments to the limbs, any therapies, any exams or x-rays. There is usually a \$200 annual deductible that needs to be paid out first before Medicare covers. If there is a secondary policy attached, it often covers what medicare does and will cover the co-payment. Some have SUPPLEMENTAL insurance with Medicare which may cover therapies, x-rays, exams, massage, orthotics etc.</p> <p>Medicare with a Kaiser Secondary WILL NOT BE COVERED IN OUR OFFICE.</p>
How does Care credit work?	Care credit is a company that is used by many health care providers including dentists, vets, plastic surgery etc., where you will apply for the amount needed for care through Care Credit. If approved (credit based), they will cover the cost of the health care service to the provider/doctor and allow the patient to make payments over time interest free. They offer payments in 6 months, 12 months or over 18 months interest free. They also have a 24 month option with small interest. This service charges our office 12-20% of the total cost. If Care Credit is used, then other discounts/specials can not be applied because of the provider cost.

What about secondary Insurance?	Secondary Insurance is when a person has 2 insurances (maybe one from their work and also their spouse's job/work). Typically we have to verify which is the primary insurance and if the secondary will cover more or cover the deductibles etc.
What else might insurance cover?	Some really good policies (rare), may cover massage therapy, custom orthotics and supplies but has to be asked or requested.
Car accidents Insurance/Medical Payments	Most car insurance policies will have coverage called "Medical Pay" which allows a person who is involved in a car accident (whether it's their fault or not, or even as a passenger in another car) with a set amount of coverage (usually \$5000) per accident to be used for treatment without any additional costs.

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