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Insurance Information

Insurance Coverage

Dr. Carly is out-of-network for all insurance. Here is what this means:

Appointments

- Patients pay in full for appointment fees at the time of the appointment.
- If you have out-of-network coverage, you can submit to your insurance after the appointment for reimbursement using a superbill.
 - Out-of-network coverage is generally available from PPO plans. HMO plans do not cover out-of-network services. Typical out-of-network coverage is 60%, but varies by plan.
 - If you have a deductible, superbills will apply to your deductible and you will not be reimbursed until the deductible is met.
 - Superbills are provided after appointments.
- You may be able to use HSA or FSA to pay for appointments, labs, and supplements.
 - You may need a letter of medical necessity, which can be provided.
- Medicare and HMOs will not reimburse for our appointments.

We are not able to provide any information about your coverage. You need to talk to your insurance company for more information.

Labs

Lab coverage is a little different. It depends on whether the lab is in or out-of-network and it depends on whether or not your insurance company thinks the labs are medically necessary. Labs ordered at in-network laboratories (like Quest), if considered medically necessary, will be covered. However, you need to understand your laboratory coverage. Depending on your plan, you may only pay a simple copay for all labs or you may pay a partial fee for each lab. If you have a high deductible plan, you will be typically pay in full until you reach your deductible. Please note that cash pricing may be a cheaper option than billing your insurance. **Before billing labs directly to insurance, we recommend that you verify coverage with your insurance company.**

Some lab companies may not contract with your insurance company, therefore, you will pay the lab in full and can then submit to your insurance for reimbursement.

When it comes to ordering labs, we will work the system to get the best possible pricing. This may include:

- requesting an in-network doctor to order labs
- spacing out labs
- using in-network laboratories when possible
- comparing cash pricing from different companies to find the best price
- utilizing interest free payment plans for labs

Note: Medicare does not cover lab orders from NDs. All labs ordered for Medicare patients will be cash only.

Medications

Medications are often covered by insurance. Medication coverage typically depends on your plan's formulary and sometimes the pharmacy. We work hard to make sure your medications are the best possible price. This includes submitting prior authorizations to get medications covered and using coupons, mail-order pharmacies, compounding pharmacies, and even Canadian pharmacies.

How to Determine Insurance Reimbursement

Call the customer service number on the back of your insurance card and ask for the following information:

- Ask if your plan has out-of-network coverage
- Find out if you have a deductible for out-of-network coverage and what percentage they will cover for out-of-network costs
- Find out if they will cover labs ordered by out-of-network providers, if you have to meet a deductible, and what your lab copay/coinsurance is
- For labs, ask if they have a preferred lab (typically Quest or Labcorp)
- Ask how you can submit your claim, making sure to get the correct forms and mailing address (they may tell you to have the doctor submit the claim, but you need to, so be sure to get all the info you need)
- If they ask what a naturopathic doctor is, tell them a naturopathic doctor is a licensed primary care provider

Insurance Terms Glossary

A list of common words and their definitions to assist in understanding medical insurance and the patient responsibility for services covered by insurance. Note: terminology may vary between insurance companies.

Allowed amount - The dollar amount insurance companies allow for each office visit or service as determined by their contract with Deep Roots. For example, the clinic may charge \$300 for an office visit, but the amount allowed by the insurance plan may be \$180.

Appeal - an official request made to an insurance company by the insured or a provider to dispute a denied or mishandled claim and ask for reconsideration.

Coinsurance - the percentage of the allowed amount that insurance assigns as the patient's responsibility. Most plans will have separate in-network and out of network coinsurance rates. For example, if a patient has a 20% coinsurance and the allowed amount for an office visit is \$180, the insurance plan will pay \$144 and the patient will be responsible to pay \$36 (20% of \$180=\$36)

Copay - a fixed rate assigned by the insurance plan that a patient will pay for each time services are rendered. Copays may differ depending on type of service and provider network status. For example: \$5 copay for primary care visits; \$40 copay for specialists.

Deductible - the amount determined by the patient's insurance plan that the patient must pay annually towards their medical care before insurance will contribute. Most plans will have separate in-network and out of network deductibles. Some services may not be subject to the deductible. For example, if an insurance plan has a \$1,000 deductible, the patient will have to pay the full allowed amount for each visit until they have reached \$1,000 at which point insurance will start to pay.

Claim - a document submitted to insurance that includes patient details, procedure codes, diagnosis codes, and cost of services in order for insurance to pay Deep Roots on the patient's behalf.

Explanation of Benefits (EOB) - a document provided by insurance which outlines the details of how a claim was processed. The information found on an EOB includes the allowed amount, the amount paid by the insurance plan, and the amount assigned to the patient.

In-network providers - medical providers who have a contract with the insurance plan. Note: a provider may be contracted with an insurance company, but not in-network for every plan that company offers.

Out-of-network providers - medical providers who are not contracted with the medical plan. Note: a provider may be contracted with an insurance company, but out-of-network on some plans that company offers.

Out-of-pocket max - the maximum annual amount determined by the insurance plan that a patient will have to pay towards their medical care. This resets annually. The types of payments made by patients that go toward the out-of-pocket max are determined by your insurance company. For example, if the out-of-pocket max is \$6,000, once the patient has paid \$6,000 towards medical expenses, insurance will pay 100% of insurance covered medical expenses.

Plan - an insurance benefit package which details services covered, deductible, copays, co-insurance, and plan limitations.

Preauthorization/Prior authorization - a process in which a provider seeks approval from an insurance plan to cover a specific treatment based on medical necessity. Not all insurance companies will accept preauthorizations from naturopathic doctors.

Primary Care Provider (PCP)/Medical Home - a medical provider recognized by an insurance plan to coordinate care for the patient as a medical home. Currently Deep Roots cannot be designated as a medical home and PCP.

Primary Care - health care services provided by a doctor, nurse practitioner, or physician assistant that cover a wide range of services such as preventative care, wellness, and treatment of common illnesses. Deep Roots can provide primary care services to our patients, however Deep Roots providers are not able to be designated as a PCP. Therefore some insurance companies will not cover certain services (such as sports physicals or well visits).

Provider - a certified or licensed healthcare professional such as a Naturopathic Doctor (ND) or a Family Nurse Practitioner (FNP)

Specialist - a provider who offers specialized services. Some insurance plans recognize NDs as specialists and therefore we are not able to bill primary care services such as wellness visits. Some insurance companies that require a PCP/Medical home designation may view nurse practitioners as out of network providers because they are not specialists. (Yes... even though the naturopathic providers at the same clinic are in-network specialists.)

Wellness visit - an office visit for an individual without any serious illness or symptoms. Most insurance plans offer one wellness visit annually at no cost to the patient.