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REIMBURSEMENT ISSUES FOR "CHECK-UPS"

We would like to clarify some of the reimbursement issues surrounding "check-ups". This has become a complicated and confusing topic. Reimbursement for the "check-up" you have and the amount you will be required to pay out of pocket will depend on your contract with your insurance company. This note is intended to alert you to these issues.

What is often referred to as a "complete physical", "preventive exam", or "annual exam", is our opportunity to review your health status with you. We call this a "wellness visit" in order to emphasize our focus on your health and well being. A wellness visit includes reviewing your past medical history, your social history, and your family history, and using this data to address your age-appropriate wellness needs. These may include things like cancer screening, immunizations, blood tests, and imaging tests (e.g. mammograms). We will also take the time to address any significant risk factors you have for developing serious disease and try to work with you to lower your risk.

We call it a "diagnostic exam", on the other hand, when you have specific symptoms (such as pain, a cough, fatigue, etc.) or chronic problems (such as high blood pressure, diabetes, etc.). The length and complexity of the diagnostic exam depends on the problem(s).

It is not always clear when you schedule your "check up" just what services will be needed. The exams may turn out to be purely wellness, purely diagnostic, or a combination of the two. Indeed, problems discovered during a wellness exam may turn it into a combination visit.

Finally, *special purpose exams* are not intended to diagnose problems or to serve all the purposes of a wellness exam, but rather have their content defined by the agency desiring them (e.g. your workplace, college, etc.)

WHAT ARE THE INSURANCE ISSUES YOU NEED TO FACE?

1. Payment varies by type of exam.
2. There are limitations on how often your insurance company will pay for a given type of exam or test.
3. We may (at times) recommend that you have something done which will not be paid for by your insurance.

While all insurances currently cover diagnostic exams, some insurances will not cover wellness exams at all, and others cover wellness exams only partially. Some will cover only certain preventive tests but not others (e.g. paps, PSA's flexible sigmoidoscopy, etc.). Some insurances will pay for a wellness exam every two years, while others have limitations on how frequently they will pay for a certain test.

These limitations are arrived at by the insurance company independently of

your doctor's judgment, and may or may not agree with our best recommendations for your health. The insurance companies arrive at their decisions and policies on what exams and tests to pay for by taking into consideration a number of concerns. These include: the cost to them of exams and tests, what services they must offer to make theirs an attractive policy to your employer, as well as what premium they feel they can charge. In other words, they use marketing techniques.

You need to know your insurance benefits. We try to be as knowledgeable as possible. However, we must deal with over 50 different insurances, all of which have their own policies! In addition, employers frequently change insurance benefits without notifying us. What all this means is that you must be responsible to know what your policy covers, or to check with your insurance representative whenever there is a concern on your part as to whether an exam/test will be paid by your insurance company. We will do our best to guide you but we cannot be the final opinion on payment. Your insurance is a contract between yourself and the company.

YOU MUST THEREFORE TRY TO BE CLEAR ABOUT:

The type of exam you think you need (we can help you with this).
The frequency at which your company will pay for the exam/test.
The types of exams/tests for which your company will not pay. (At times you will have to make a decision whether or not to follow your doctor's best advice even though your insurance will not pay.)

Let us explain how we bill for check-ups. We use standard guidelines to determine the charge for exams and tests. You may see, at times, a charge for a wellness exam and a diagnostic exam on the same visit. This may seem confusing. But if in the course of a preventive exam, time was spent addressing problems or symptoms, then the visit is no longer solely a wellness exam but also includes a diagnostic exam, and both services are billed. *If you are expecting to have a fully covered wellness exam only, please bring this to the attention of your doctor at the beginning of your visit. (S)He may be able to address chronic problems and/or identified symptoms at another time so as to limit the charges to just a wellness visit.*

WHAT ABOUT FASTING BLOOD TESTS AND THE TIMING OF MY EXAM?

You may wish to have a particular blood test done in advance of your exam so that we will have the results in time to go over them with you at the time of your visit. Let our staff know this at the time you schedule your exam if you prefer to have bloodwork prior to your exam. (Note: new patients may not schedule blood tests in advance of their first visit to us.) Alternatively, come fasting to the exam if you would like a fasting blood test done at the time of your exam. We will let you know if we want you to come fasting.

IN CONCLUSION

We desire to serve you, to answer your questions and to meet your needs. We desire to respect your economic needs. We feel responsible to give you our best recommendations. The world is ever more complex, and insurances have made it even more so. Your relationship with us is one of partnership. Due to the complexities we both face, we must ask you to take responsibility to be a knowledgeable purchaser of insurance and to know your policy. We will do our part by being your advocate and your health advisor.