

Health Insurance Navigator

with Lisa Zamosky

The Affordable Care Act is bringing sweeping changes to American health care. Lisa Zamosky is here to help you navigate the health care maze and understand how these changes affect you.

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Balance Billing: In response to a post I wrote last month about balance billing, I received a follow-up question:

“What if your doctor’s office asks that you sign a form stating you will be responsible for the balance? If you sign said form, are you then responsible under the law to pay the balance of what the insurance says is too much?”

“It depends on the doctor’s relationship with the insurance company,” says Richard E. Ungar, a Los Angeles-based health care attorney. That relationship can make the difference between balance billing (not allowed) and billing you for a balance you owe (completely kosher).

Is Your Doc In Or Out?

A health care provider who is in-network with your insurance company has negotiated a price for his or her medical services and signed a contract with your insurer agreeing to those rates as payment in-full. With the exception of your co-pay, deductible, or coinsurance, in-network providers generally cannot charge you more for their services. Doing so is considered balance billing, whether or not you’ve signed a form stating you’ll pay the balance of what your insurer won’t.

But that’s not the end of the story. There are scenarios in which you may be required to pay beyond what your insurance company will, even if the doctor is in your carrier’s network.

Duped by Details

There are details consumers commonly overlook about the rules of their insurance coverage that cause trouble, says Marty Rosen, Executive Vice President and Co-founder of Health Advocate, Inc., a healthcare advocacy and assistance organization.

Forgetting the common requirement to pre-certify services before receiving care is a frequent mistake. Another is not confirming ahead of time whether you're being treated by doctors in your insurance carrier's network. "Failure to do so may result in denial of coverage by your insurance company and thus, large out-of-pocket fees," Rosen says.

Also watch for certain elements of a doctor's visit that your insurance coverage may not cover, Unger warns.

For example, let's say you see an in-network doctor for a routine colonoscopy. Both the doctor visit and the procedure may be fully covered by your insurer. But if your doctor decides to use a newer sedative that requires an anesthesiologist to administer it (as opposed to doing it herself), Unger says, you could be on the hook for the anesthesiologist's charges.

In order to avoid unnecessary health care costs before you get care:

- Make sure the service you need is covered.
- Determine exactly what the contracted service includes.
- Confirm that the doctor is in your network.

And don't sign any documents you don't understand or don't feel comfortable with.

Got a health insurance question? Post it below. I'll respond in this blog each Thursday to as many of your questions as I can.

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SOURCES:

Richard E. Ungar, health care attorney.

Marty Rosen, Executive Vice President and Co-founder, Health Advocate, Inc.

Labels: balance billing, doctors, in network, insurance coverage, medical bills, procedures, what insurance covers