

# Coverage and Billing Information

QUESTIONS? CALL US TOLL FREE AT 888.924.1036

## Patients with Health Insurance

Your healthcare insurance is a contract between you and your insurance company. Amounts not covered by insurance, such as deductibles, co-pays, or denied charges will be billed to you.

A current insurance card is essential to the accurate processing and benefits application of your claim.

## Patients Covered by Medicare

Deductibles and 20% coinsurances are the responsibility of the patient, unless supplemental insurance information has been provided.

Check your Medicare handbook for a listing of services excluded by Medicare, or visit [www.medicare.gov](http://www.medicare.gov) or call 800.633.4227 for assistance. Patients are responsible for services not covered by Medicare.

## Patients Not Covered by Insurance

Patients who are not covered by health insurance automatically qualify for our uninsured 40% discount.

We encourage our uninsured patients to apply for a Covered CA plan, Medi-Cal or a state funded program that we are contracted with.

## Billing Statements

If you have medical coverage, you will only receive a statement when your insurance has processed the claim and the amount sent is what you owe on your account.

- Payment on the account balance is due within 30 days of the initial billing, unless other payment arrangements have been made with the billing office.

## Financial Assistance

- Stanford Health Care's University HealthCare Alliance provides financial assistance based on income, expenses, and circumstances. To determine eligibility, please call 1.888.924.1080

## What is the difference between a co-payment, coinsurance, a deductible and an out-of-pocket maximum?

### Co-payment (co-pay)

A fixed amount that is requested for covered medical services at the time service is received. You may have a different copay amount for your primary care or specialist. Example: \$50 payment due for each visit to the clinic.

### Coinsurance

This refers to the sharing of covered medical expenses by a patient and the insurance company. The insurance company pays a certain percentage of covered expenses and the patient pays the remainder.

### Deductible

The part of a patient's covered medical expenses that the individual pays each calendar year before the insurance company starts to pay benefits.

### Out-of-pocket maximum

A predetermined, limited amount of money that an individual must pay directly before an insurance company or self-insured employer will pay 100 percent for an individual's healthcare expenses.