

# SpeechPath Clinic Billing and Insurance Procedures F.A.Q.

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Thank you for giving us the opportunity to work with your child. It is our goal to provide you with exceptional services. In order to help you understand how SpeechPath Clinic bills and processes payments for our services, I have created this brief summary of many frequently asked questions.

## **Q: When is payment due for services?**

A: Generally, we ask for payment to be made on the same day you receive services, particularly when you are paying privately or you have a co-payment. I am willing to provide you with a single billing statement at the end of the month. Provided that we make arrangements ahead of time and payment is made upon receipt of the statement. Monthly billing will be discontinued if a balance starts to accrue.

## **Q: When do you send out statements?**

A: The cut off for our billing cycle is the last day of the month. Statements are sent out once a month, typically a few days after the first of the month. If you make a payment during the first few days of the month, that payment will not be reflected on the previous month's statement. Statements will come from Intelligent Therapy Staffing, which is the parent company of SpeechPath Outpatient Clinic.

## **Q: What charges will I see on my statement?**

A: Private payment treatments, co-insurance, co-payments, and reduced charges from deductibles or denials. You will not see any charges related to visits that have been billed to insurance but not yet processed by the carrier.

## **Q: Co-Insurance, Co-Payment, Deductible, What's that?**

A: Co-insurance is a percentage of the charge that insurance requires you to pay. Typically plans are 70% insurance/30% patient, 80%/20%, or 90%/10%

Co-payment is a set dollar amount of the charge that insurance requires you to pay, regardless of the charge. Typical plans are \$15, \$20, or \$30

Deductible is the out of pocket amount the insurance expects you to pay before they start paying any benefit. Most plans reset deductible in the beginning of the year.

**Q: When do you bill my insurance?**

A: We will contact your insurance prior to treatment to attempt to determine what your benefits are, if your insurance is with Blue Cross or United. **This initial determination in no way frees you from final responsibility if your insurance does not pay.** We generally process claims for insurance once a week. Blue Cross is transmitted electronically and is typically processed by the carrier in 2 to 3 weeks. Other insurances typically take longer. Waiting up to 2 months to see if insurance is going to pay is not uncommon.

**Q: What do I pay before you know what my insurance will pay?**

A: We ask you to pay our normal discounted same day rate if coverage is questionable for in network carriers, and for all out of network carriers. You will of course be given full credit for all payments if and when your insurance pays.

**Q: How do I know if my insurance is covering the treatments?**

A: The single biggest mistake that parents make with their billing is waiting for a statement from SpeechPath to see what their insurance is doing. Because of statement cycles and delays in your carrier's processing, it could take quite some time to find out. As soon as a claim is processed by your insurance, they send out an Explanation of Benefits (EOB) that tells you what they did with the claim. You will typically receive an EOB before I do. **Open every EOB and read every EOB.** If it looks like they are paying the claim, great! If they are not paying the claim, contact our billing office as soon as possible to discuss the matter (Bruce Burgess 382-7979).

**Q: My insurance is denying my claim. What now?**

A: SpeechPath Clinic wants to be a partner in helping to manage **your** insurance. While we will help you with information, we will not fight the battle to get your claim approved. We simply have too many patients. Often, services are excluded under your policy. It would be wise to get a copy of the policy from your HR department and read it. Insurance companies are notorious for making errors in processing. If you suspect an error has been made, call your insurance company and discuss it. Feel free to contact me for help. I will never simply refile a denied claim in hopes that it will be paid, without your contacting your insurance first. Their computers have automated systems in place to kick out a refiled claim before it ever sees human eyes. We will sometimes call on the most glaring errors, such as paying for 3 procedures in a month but denying a 4<sup>th</sup> procedure as not covered by the policy. When in doubt, call me (Bruce Burgess 382-7979)

**Q: My insurance was paying, and then it started denying. What happened?**

A: Several things could have happened. It is possible that the processor made a simple mistake. The insurance company may be holding off on processing claims pending a coordination of benefits call from you. (This is when they ask you if you have other insurances.) It is possible that you have reached your maximum number of visits. Many plans are limited to anywhere from 20 to 60 visits per year. In any case, call your insurance company and ask.

**Q: My insurance has denied and they say I owe you a fortune. What can I do?**

A: Pay me a fortune (just kidding.) Just because the insurance company says you owe it, doesn't mean I am going to charge it. Our rates are based on the contracted rates with the insurance companies. If your insurance denies, I will voluntarily reduce the amount you owe to reflect our same day private pay rate. I will also do this while you are meeting your deductible.

**Q: What happens if I get behind on my bill?**

A: We have all fallen behind from time to time. The key is to stay in contact with me and make payment arrangements. You will find that I am fairly easy to work with, if we are having a dialogue. Those parents who allow their bill to become drastically delinquent have experienced suspension of services or even our collection agency involvement. The amount owed will be increased by 30% if the account is sent to the collection agency, and this is non-negotiable. Please contact me early if there is a problem.

**Q: How can we pay for services?**

A: We process Mastercard and Visa. We accept checks. We do not accept cash, for the protection of our therapists. We have also made arrangements with CareCredit, a company that specializes in financing for the medical industry. You can apply for various programs to receive same as cash no interest financing.

**Q: What can my therapist tell me about my account?**

A: Your therapist is a professional who is solely focused on the treatment of your child. Your therapist will know what diagnosis and treatment codes are being used. Under most circumstances, unless I have given them a specific message to relay to you, they will know nothing about the financial status of your account. Please contact me (Bruce Burgess 382-7979)