



Daniel I Newman, M.D., N.D., M.S.O.M.

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Payment Policy & Insurance Reimbursement

Primarily you need to understand that Dr. Newman is not a preferred provider for any insurance plan. In our practice the patients pay for their office visit in full at time of service. We will take Visa/MasterCard and checks (of course, cash is lovely!).

That said, we do provide, as a benefit to our patients, an off-site billing service. We will fax that service a copy of your bill and insurance card and they will submit it to your insurer. Your insurance company will then reimburse **you** for covered services.

Reimbursement is quite varied from policy to policy so we encourage you to discuss what coverage is available for an out-of-network medical doctor to understand your potential expenses. (Please note: Dr. Newman **is not** a Medicare provider. As such we are also unable to bill your Medicare supplemental plans.)

The questions below are designed to help you get an idea of what amount of the fee may possibly be covered by your provider. It is in no way a guarantee, but a helpful guide.

Dr Newman's fees for 2011 are:

Initial visit (2hr comprehensive history and physical) \$475

Follow-up 1/2hr \$129

Follow-up 1hr \$249

Other services such as IV therapy or injections vary and will be billed separately and added to the visit charge. If recommended, these will be discussed with you during your office visit.

● Okay, to start, get this information from your insurance card:

Customer service number: _____

Policy number: _____

Member ID number: _____

☛ Now call your customer service number and ask:

Name of rep: _____

When does my coverage end? _____

What is my deductible? _____

Is it based on a calendar year _____ fiscal year _____

Has it been met this year? _____

By the way, do they have a preferred laboratory?

Do I have out-of-network coverage for a **Medical Doctor**? _____

What do my benefits cover for out-of-network **Medical Doctors**?

i.e. What % will it typically cover for office visits? Is that a % of 'allowed amount'? What is typical allowed amount for out-of-network? What lab coverage do I have?

Samples: a. _____%(of visit) x visit amount _____ = _____ possible reimbursement

b. Calculate 'amount allowed':

 % of allowed amount _____ x visit amount _____ = _____

 then subtract from fee and that will be your **estimated** out-of-pocket amount. _____

(Please remember that these are estimates and in no way guarantee what you will be reimbursed, if anything).

We hope this will give you some help in **estimating** your actual out of pocket expenses when you come for your visits. As with all insurance, nothing can be guaranteed until you receive your reimbursement check!
See you soon!