

## Frequently Asked Questions

### 🌀 About No-Insurance Health Care 🌀

*Dr. Leigh will not have insurance contracts after October 2012. Instead, she will charge \$60 for each office visit (cash or check), and encourage patients to file insurance claims, to be reimbursed for this expense. This handout answers questions about these changes.*

#### **Q. Why don't you take insurance?**

**A.** In my experience, being an insurance contractor poses barriers to direct patient care - barriers that I have spent too much time climbing over or sneaking around, again and again. These barriers include:

- Insurers controlling what diagnostic and treatment approaches they consider legitimate.
- Insurers refusing to pay for illnesses the patient didn't paid extra for (like mental health issues).
- Insurers denying tests or treatments, or requiring elaborate pre-approval processes for them.
- Patients asking me to "spin" their records, for fear they could be denied insurance in the future.

Doctors spend a *lot* of energy trying to protect patients from the hard-heartedness of insurers, and also trying to get paid by insurers!

Many of my patients have been unable to pay, or have forgotten to pay, their co-payments and co-insurance charges. It has not been worth the hassle and expense of setting up an additional layer of billing services, just to chase down these small charges, which add up. Previously, I chose to lose the money rather than deal with the hassle - a hassle produced by insurance, not by medical care of my patients.

When your insurance reimbursements are between you and your insurer, where they belong, I will be able to concentrate on providing excellent, personalized healthcare, rather than fighting insurance companies.

#### **Q. What does "out of network" mean?**

**A.** That is what insurances call doctors who are not their own contractors. In-network doctors sign a contract to accept a lower rate of pay, which is cheaper for the insurance companies. The insurance pressures patients to only see their contractors, by not covering "out-of-network" care as well - making you pay more.

I am able to remain affordable for my insured patients, whom I've been seeing for years, by lowering my fees, while eliminating my insurance contracts.

#### **Q. How much of the \$60 fee will my insurance cover?**

**A.** That is between you and your insurance company. I encourage you to call the number on your insurance card, and ask what your policy allows for out-of-network coverage.

In most cases, my \$60 fee isn't a lot more than your co-pay and co-insurance. Real-life example:

For an in-network care provider, insurance might pay 85% of the fee.

Previously, my fees were based on what insurance has made "usual and customary" in our area.

So, for example, if I billed the insurance \$179 ("usual and customary"), you might first pay your \$35 copay. Then insurance would pay 85% of the remainder, leaving about \$22 for you to pay ("co-insurance"). Altogether, you'd pay  $\$35 + \$22 = \$57$ .

For an out-of-network doctor, they may only pay 50% of the visit - so you might have had to pay  $\$35 + \$72 = \$107$ , if my fees were still based on "usual and customary" insurance charges.

For most people, \$107 would be hard to afford. However, most people *can* afford \$60, from time to time, when necessary. If you currently have a \$30 co-pay, and your insurance only covers 50% of out-of-network care, you might get back \$15, when you file a claim with your insurance. (I will not collect your copay; I will collect my \$60 office fee. Your insurance will deduct your copay from the reimbursement they send you.)

*These percentages are purely for example.* Every insurance policy has a different set of rules! You have to check with your agent to see what yours are. Once a year, most people have an opportunity to change the terms of their insurance, during an "open enrollment period" (usually 1 month long). If you want higher out-of-network coverage, that is the time to obtain it.

#### **Q. How do I get reimbursed by my insurance?**

**A.** You'll follow the same procedure for yourself that I've followed, for hundreds of patients in my practice:

1. You fill out a claim form with the procedure and diagnostic codes I'll provide you. Official claim forms can be found on insurance companies' websites - however, many people simply send their receipt and an invoice with the codes I provide.
2. Send the claim form and associated documents to the insurance company (originals, not copies).
3. Wait to see what they will reimburse you, and file an appeal if they deny your claim.

As I mentioned, this is the same procedure I've gone through hundreds of times. You'll only go through it once in a while!

**Q. When I become eligible for Medicare or OHP (Medicaid), will you still be my doctor?**

- A.** I'll be happy to serve you, but neither you nor I are allowed to bill public insurances for my services.
- **Medicare DOES** cover labs, x-rays, medications, and specialist consultations ordered by me, as long as the people providing them (lab or clinic) have Medicare contracts (which they usually do).
  - **OHP (Medicaid) DOESN'T** cover anything I order. They only pay for tests and treatments ordered by OHP contractors. Unless this changes, you will need an OHP contractor to be your primary.

**Q. In 2014, everyone will be required to have insurance coverage. Will you take insurance then?**

**A.** Probably not. Nothing will have changed regarding reimbursements, although people will have an easier time obtaining insurance. Some policies will still cover more out-of-network care, and others will still cover less. Either way, my \$60 fee will be affordable for most people, most of the time.

**Q. What does \$60 include?**

**A.** The fee is for an office visit - short or long, depending on your medical needs - and the accompanying behind-the-scenes extra work involved (reviewing your chart and the medical literature, consulting specialists, interpreting tests and sending you results, working with your pharmacy, writing letters to the Court and accomodations requestletters, etc.). The fee is the same for medically-necessary housecalls and accompanying you on specialist visits and evaluations.

The fee is also the same for filling out medical forms more than 1 page long (like Life Insurance, FMLA, or Disability forms), since they take the same time, require chart review, and often involve follow-up calls and letters as well.

It doesn't include services performed by others outside the office, like lab tests and x-rays.

All of my patients have concierge-style "red carpet" access. I'm available by cellphone, email, and text message. I don't ask you to come into the office to obtain medication refills or lab results. However, at times I may need to have you come to the office, for plans or issues that must be discussed in person, rather than over the phone or email, to assure your medical safety. These visits will cost \$60 as well.

**Q. How will this affect the Subscription program?**

**A.** I will be terminating the Subscription program, except for a few patients who need very frequent visits (more than once a month). For patients who need to visit more than once a month, the fee will be \$180 for three months of visits (as frequently as needed), rather than \$60 for each visit.

**Q. How can you afford to only charge \$60 for an office visit?**

**A.** It will only work if each patient pays for their visit at the time of service! If you try to wait until later to mail me a check (and then forget), or if you don't have the \$60 when I see you, and only have \$20, etc., then it won't work, and I will have to raise my fees for everyone.

I have no employees, which allows me to keep costs low. Without insurance contracts, I don't need to hire billers to chase reimbursements. I don't accept credit cards, so I don't pay a credit card corporation for each office visit.

Providing direct medical care without intermediaries is the most efficient way to go. Instead of spending time managing money and balancing books, I spend my time providing personalized, in-depth health care to you and your family.



*My hope is that taking these steps will improve your direct access to medical care and good health.  
It will also help you get to know your insurance better, if you have insurance.  
Please let me know if you have questions or concerns regarding your individual situation!*