

How to prepare for a visit with a provider:

1. Check your insurance plan to see if your doctor is a preferred provider. *Know your coverage limits.*
2. Present your insurance card to the health care provider *before* treatment unless you are unable to do so.
3. *Always* follow up with your provider if you are unable to present your insurance information at the time of service.
4. If you do not have your insurance card contact your insurance company to request one.
5. Many insurance companies require co-payments. Co-payments are due at the time of service.
6. After your visit, your provider typically bills the insurance company for the charges incurred. If your doctor does not bill insurance companies, like the DU SHCC, you will be required to pay fee-for-service when you check out that day. Next, submit your receipt to your insurance carrier for reimbursement.

Selecting a Provider:

Check with your insurance company before selecting a provider to learn which provider you can use for the best insurance coverage. If you choose the Student Health Insurance Plan (SHIP), view providers at: www.aetna.com/docfind; choose Aetna Standard Plans, then Open Choice® PPO. Choosing a preferred provider maximizes your insurance coverage. *Providers = doctors, counselors, therapist, hospitals, specialist etc.*

Seeing providers who agree to bill your insurance carrier:	Seeing providers at the SHCC (we do not bill your insurance carrier):
<p>? What happens when I visit a provider? Present your insurance card. Make any co-payments if applicable.</p> <p>? What happens after I leave the provider? The provider sends your bill to the insurance company.</p> <p>? What happens once the insurance company receives my claim? The insurance company processes the bill taking into consideration your coverage plan and deductibles.</p> <p>? What happens after the insurance company processes my claim? Your insurance company pays your provider for the processed amount.</p> <p>? Do I owe additional money to my provider? Depending on your coverage, you may have to pay your bill until you meet a deductible; you may also have a certain percent responsibility even after your co-payment. The doctor <i>bills you</i> for the difference between the cost of your visit and the amount paid by the insurance company.</p>	<p>? What happens when I visit a provider at the SHCC? If you paid for the Health Fee*, many services are covered.</p> <p>? What happens after I leave the SHCC? You pay for services not covered by the Health Fee at check out. Always ask for a receipt. Ask your insurance company how to file a claim. Usually you will need to complete a form and submit it with a copy of your receipt from the provider.</p> <p>? What happens once the insurance company receives my claim? The insurance company processes the claim taking into consideration your coverage plan and deductibles.</p> <p>? What happens after the insurance company processes my claim? The insurance company sends you a reimbursement check for the <i>difference</i> between the cost of your visit and the amount covered by your policy.</p> <p style="text-align: center;"><i>*Combining the Health Fee and Student Health Insurance Plan is a great benefit. Together, most of the services at the SHCC are covered or have a small co-payment.</i></p>

How to fill a prescription:

1. Contact the insurance company to find a pharmacy in the network.
2. Be aware of your co-payments if any
3. Most insurance companies cover generic drugs at a better rate than name brand drugs
4. Present your insurance card at the pharmacy before they fill your prescription and specify if you want generic or name brand drugs
5. Pick up your prescription and pay any applicable co-payments.
6. The pharmacy bills your insurance company for your medication. Please keep in mind many insurance policies have an annual prescription dollar limit.

When you fill prescriptions *outside the network*, you pay for the medication out of pocket. Always ask for a receipt. Next, contact the insurance company for reimbursement. Usually you complete a form and submit it with a copy of your receipt. The insurance company processes your claim and sends you a reimbursement check minus any required co-payments.

Claims flow with most providers	Common Insurance Terms	Claims flow at the Student Health & Counseling Center
<p>Present insurance card to the provider (doctor, counselor, therapist) before treatment.</p> <p style="text-align: center;">↓</p> <p>Make any co-payments if applicable. Ask for a receipt.</p> <p style="text-align: center;">↓</p> <p>The provider sends your bill to the insurance company</p> <p style="text-align: center;">↓</p> <p>The insurance company processes your claim taking into consideration your coverage plan and deductibles</p> <p style="text-align: center;">↓</p> <p>Your insurance company sends a check to your provider for the processed amount</p> <p style="text-align: center;">↓</p> <p>The doctor bills you for the difference between the cost of your visit & the amount paid by the insurance company.</p> <p style="text-align: center;">↓</p> <p>Pay your provider the difference between the cost of your visit and the amount paid by the insurance company</p>	<p>Copayment / coinsurance: A dollar amount (copayment) or percentage amount (coinsurance) for which you are responsible each time you see a provider or fill a prescription.</p> <p>Deductible: A dollar amount set by the health insurance plan, which you must pay toward health care costs before your insurance begins to pay.</p> <p>Health insurance plan: The legal agreement between you and your insurance company which outlines how the insurance company will provide, arrange for, or pay for covered health care costs.</p> <p>Health maintenance organization (HMO): A managed care plan that provides its enrolled members with health care services for a fixed, pre-paid fee. Because it is both the insurer and the provider, the HMO has unique incentives to seek out cost-effective ways to deliver care.</p> <p>Managed care plan: A health insurance plan which pays a greater percentage of covered health care costs when you use the providers in its network.</p> <p>Network: The physicians who contract with the health insurance plan to provide medical care to plan members. Most networks provide a comprehensive spectrum of services.</p> <p>Out-of-pocket: The health care costs for which you are responsible. Typically, this includes deductibles and copayments. Most health insurance plans place an annual limit on your out-of-pocket costs and cover 100% of eligible charges over this amount, up to a maximum lifetime limit.</p> <p>Pre-authorizations: In some health plans, your provider may have to get prior approval from the health plan for a specific test, procedure, or hospital admission before costs will be covered.</p> <p>Preferred provider organization (PPO): A managed care plan which allows you to see any provider in its network. If you see a network provider, the plan will pay for covered health care costs at a certain level. If you see a provider who is outside the network, the plan will pay for covered care costs at a lower level.</p> <p>Premium: The amount you and/or your employer pay each month to provide you with health insurance coverage.</p> <p style="text-align: center;"><i>Communication is the key. If you don't understand something...be sure to ask!</i></p>	<p>Understand your coverage at DU. Do you have the Health Fee?</p> <p style="text-align: center;">↓</p> <p>Pay for the charges not covered by the Health Fee. Ask for a receipt.</p> <p style="text-align: center;">↓</p> <p>Mail your receipt to the address on the back of your insurance card</p> <p style="text-align: center;">↓</p> <p>The insurance company processes your claim taking into consideration your coverage plan and deductibles.</p> <p style="text-align: center;">↓</p> <p>The insurance company sends you a reimbursement check for the difference between the cost of your visit & amount covered</p>