# 90 Second Crash Course On Insurance Coverage Issues:
## Why Your Insurance Company May Not
## Cover a Portion of the Medical Fee

We recognize that medical bills from a doctor's office sometimes come as a surprise (or at least an unwelcome reality). We also know that the "fine print" of most insurance plans can be confusing, unclear, intimidating, and at times overwhelming. We offer this information in an attempt to help you avoid non-coverage **"surprises"**.

The **most common** reasons patients become responsible for their medical bills are as follows:

A) **Deductibles:** Defined as the portion of the medical bill to be paid out of pocket buy the patient each policy year before insurance coverage begins. $100 - $1,000 deductibles are common these days.

B) **Co-insurance:** A percentage of the bill paid for by the insurance company, with a corresponding percentage paid by the patient. For example, the terms of an insurance policy could state that the insurance will pay 70% of the total medical costs, leaving the patient responsible for 30%.

C) **Non-covered services:** Specific aspects of medical care excluded from coverage by the "fine print" of the insurance policy.

What you, as the "consumer", can do to avoid an unexpected medical bill:

1. Clarify issues in advance.
2. Read and understand the terms and limitations of your insurance policy/contract.
3. Be informed about these confusing insurance coverage issues.

* While the medical staff of any physician's office may try to answer insurance coverage questions, it is ultimately up to the patient or "consumer" to remain informed as to the specifics of their insurance policy.

**If unsure, you can check the specific terms and limitations of your insurance policy by calling the 800 number on the back of your insurance card, or asking your human resources director, or checking the insurance benefit packet shared with you by your workplace or school.**