

Answers To Insurance Coverage Questions About Preventive Care

What Is Preventive Care?

Preventive care goes by many names:

- complete physical
- annual check-up
- wellness exam.

Preventive care includes a physical exam, shots, lab and X-ray work. You may ask your health care provider for advice on wellness topics such as smoking cessation or exercise.

Preventive care is important for your health. It can catch problems before they need a lot of medical attention.

Does Insurance Cover Preventive Care?

Coverage varies among insurance providers. Medicare and some private insurers do not pay for routine physical exams or screening lab tests.

Call your insurance provider before your appointment to see if you will have to pay for the check-up yourself.

What if My Exam is Covered, but I Have Another Problem I'd Like My Health Care Provider to Treat at the Same Time?

Your health care provider will gladly listen to your concerns during your check-up. They may need more information (such as lab tests that aren't part of the check-up) or give you extra treatment. For these cases, you may have to pay your insurance copayment.

Insurance providers (and Medicare) require health care providers to give specific reports when they provide wellness care and address additional problems at the same time. You may see this as only one visit but your insurance provider may see this as two visits. You will be billed for the two visits.

Call your insurance provider if you have specific questions about a check-up.

What Happens if My Health Care Provider Wants to Give Me a Test Not Covered by My Insurance?

Your health is your health care provider's No. 1 concern. If they want to do a special lab test, X-ray or other care not covered by your insurance or Medicare, you can refuse to have the work done. This gives you time to call your insurance provider and ask questions about your options.

Or, you may sign a waiver at the clinic saying you agree to pay for the service or test yourself at that time.

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What if I Disagree with My Insurance Provider's Decision not to Pay for a Service?

If you have concerns about your claim, feel free to call the clinic business office number on your statement.

The clinic is required by law to ensure that your claim is properly submitted based on what your health care provider has documented in the chart.

If your insurance provider doesn't pay for a service, call the customer service department to ask for the reason. If you are not happy with this reason, you may file an appeal. This number is often found on the back of your insurance card.

Every insurance provider (including Medicare) gives you the chance to file an appeal. Call your insurance provider to find out how to start the appeal process.

(Filing an appeal does not mean that the insurance provider's decision will be reversed.)