

INSURANCE PAYMENT REIMBURSEMENT INCLUDING MEDICARE

As a courtesy, we do not enforce payment from you for the ENTIRE cost of your appointment at the time of service. You only pay YOUR portion of what we expect your insurance not to cover. Your portion may also be known as: cost share, coinsurance, deductible, excess charges, non-covered or dis-allowed amounts.

Insurance reimbursement and how it works

Erickson's does not accept *assignment for new prosthetic eyes and some modifications, so it is common for some insurances to send **you** a check for their portion of payment. This is considered a reimbursement to you as if you had paid the ENTIRE cost at the time of service. If that happens, please continue to read below. If the insurance sends their check to Erickson's, however, there is nothing you will need to do.

What to do when the insurance reimbursement check comes to you

Please note, we will also need a copy of the FULL Medicare Summary Notice (*MSN* usually 3-6 pages long) that you receive from your insurance with the check

1. Endorse the back of the insurance check and send it directly to Erickson's **along WITH the Medicare Summary Notice, or**
2. Keep the insurance check and send your own form of payment **along WITH the Medicare Summary Notice** by:
 - a. mail (check, cash, money order, credit card) or,
 - b. phone (credit/debit card - mail the MSN separate)

EXAMPLE: (this is not an actual quote of your health insurance coverage)

What Erickson's bills: \$5128

Insurance allowed amount: \$3084.64

Insurance may only pay 80% of \$3084.64 = \$2467.71

Patient responsibility: (\$5128 - \$2467.71) = \$2660.29

If you have questions about any of this, please do not hesitate to ask.

Thank you,

Erickson's Staff

P (509)747-6148 x 101 F (509)638-6705

421 W Riverside Ave, Ste 770, Spokane, WA 99201

**assignment is the insurances "allowed amounts" for services rendered*

**For any prosthetic eye-related visits with us, Medicare will NOT send an EOB to you, they will only send an MSN*