

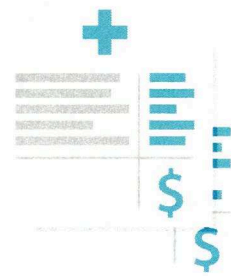
When your Preventive Visit is also an Office Visit



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Preventive Visit*

You've scheduled a preventive visit to prevent or detect health problems.

A visit may include:

- A complete physical (not included in a Medicare Annual Wellness Visit)
- Certain immunizations
- Screening test/labs
- Discussion about your general health and lifestyle choices

**A preventive visit may also be referred to as an Annual Physical, Well-child visit, Medicare Annual Wellness visit or Welcome to Medicare visit. Many insurance plans cover 100% of these visits.*

Problem Arises

During your appointment, you discuss and are treated for a new or existing condition that requires action to treat, like joint pain, high blood pressure or medication changes.

Preventive Visit & Office Visit

Because your preventive visit also addressed a problem, you may be charged for an Office Visit.

A visit may include:

- A more specific history and exam
- Specific tests/labs to address the issue
- Referral to a specialist
- A prescription

There may not be adequate time to best meet your healthcare needs during your preventive visit. If so, your provider will ask you to schedule another visit to discuss your health problem.

Cost:

Your insurance provider may charge you a co-pay, co-insurance or deductible to account for the additional work, expertise and time required to address the problem discussed at your preventive visit.

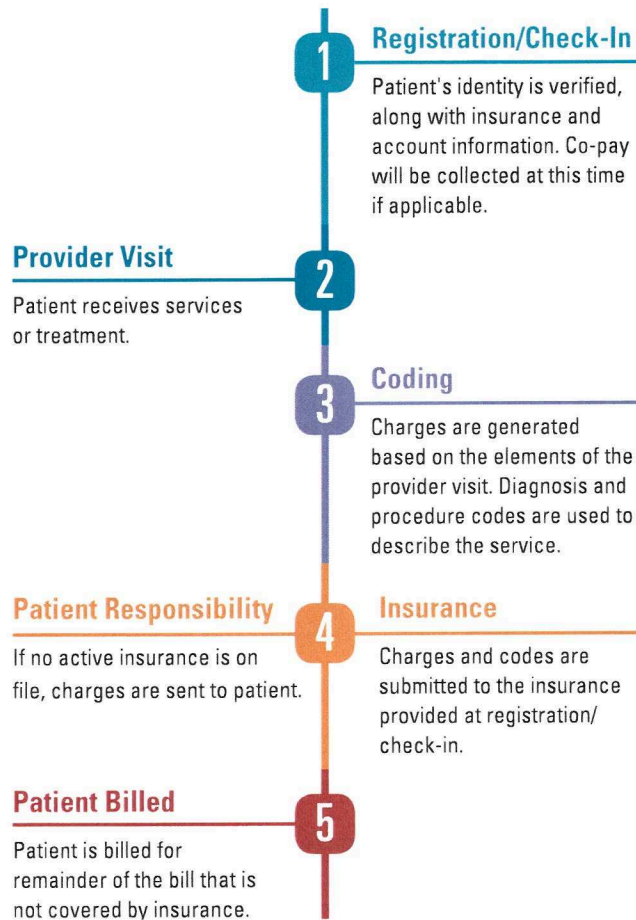
Know What Your Insurance Covers

We get it, healthcare insurance can be confusing. That is why we **strongly recommend** calling your insurance provider (number on the back of your card) or visit their website to make sure you understand what your plan covers during a preventive visit. It is the best way to avoid a surprising bill later.

more billing information on back...

→ mankatoclinic.com

How Billing Works



Terminology

Deductible - the amount you owe for covered health care services before your health insurance or plan begins to pay. *For example, with a \$2,000 deductible, you will be billed for the first \$2,000 of covered services.*

Co-insurance - your share of the costs of a covered health care service, usually calculated as a percent of the allowed amount for the service. You start paying co-insurance after you've paid your plan's deductible; if applicable. For example, your specific insurance plan is 80/20. As a patient, you will pay 20% of the bill once your deductible is met.

Co-pay - a fixed amount you pay for a health care service, usually when you receive the service. For example, your insurance plan requires a fixed amount of \$25 at the time of the office visit. This will be collected at the point of checking in for your appointment. Depending on the plan, this amount may vary by type of services/treatments provided.

Here is a link provided by Blue Cross Blue Shield that many patients find helpful.

www.bluecrossmn.com/wellbeing/preventive-care/why-did-i-get-bill-preventive-care-visit

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