

About Your Bill

Indiana Spine Group is committed to providing our patients the highest quality spine care. We understand that the insurance and billing process for health care services can be confusing. This information has been prepared to answer many common billing questions.

Your Insurance

Insurance coverage is an arrangement between patients and their insurance company. Insurance plans specifically define what services are "covered" (paid for by your insurance carrier) and those that are "not covered" (will not be paid for by your insurance carrier).

Physicians and providers with Indiana Spine Group recommend treatment based upon the patients medical needs, not their insurance coverage. It is the patients right to choose which treatment they will receive. Please contact your insurance carrier to determine which services are covered or not covered by your specific plan.

Billing Your Insurance

Indiana Spine Group will bill the primary insurance carrier of patients for services provided. This is referred to as filing a claim. For patients covered under Medicare, we will also bill Medicare Part B and Medicare Supplementary (secondary) insurances. Your insurance carrier will mail you an Explanation of Benefits (EOB) summarizing their payment on your claim. Once we receive payment from your insurance carrier, we will mail you a statement for the balance owed.

The amount shown on your statement is the responsibility of the patient or responsible party. Your statement will summarize what service(s) were received, the date(s) of these services, charges, and the amount your insurance carrier paid. Payment is due within ten days of receipt of your statement. For your convenience we accept cash, check, MasterCard and Visa. If you wish to discuss a payment plan, please call our business office.

To bill insurance companies, we will need to ask for personal information, such as social security number. This information is treated with strict confidence and is only used for billing purposes.

Other Bills

Indiana Spine Group only bills patients for services directly provided by our physicians, nurse practitioners and physician assistants, and for other services provided in our office. Depending upon your care, you may receive bills from other medical professionals. For specific questions about other bills received, please contact the phone number found directly on your bill(s).

Potential bills that you may receive can include:

Radiology or Imaging Center

This is for any diagnostic and imaging studies performed such as X-rays, CT-scans or MRIs.

Laboratory

This is for any blood work, biopsies or other medical laboratory procedures that were performed.

Other Physicians/Providers

If your treatment required surgery and/or hospitalization, there may have been other providers/specialists who provided care to you. This may include anesthesiologists, assistant surgeons, radiologists, hospitalists or other specialists.

Hospital or Outpatient Surgery Center

If your care required surgery and/or hospitalization, you will receive a separate bill from the hospital or surgery center.

Providing the full spectrum of spine care



Patient Responsibility

Prior to the scheduling of any surgery, procedures or injections, our business office will verify your deductible and co-insurance amounts. At this time, we will provide an estimate of the cost of services to be provided as well as outline what will be paid by your insurance carrier and what amount is your responsibility. We request that patients pay a portion of their responsible amount prior to receiving services.

Glossary of Terms

The following is a list of frequently used billing/insurance terms:

Advance Beneficiary Notice (ABN) - This is a written notice of items or services that Medicare may not pay for. The ABN is given to Medicare patients before these items or services are provided.

Billing Statement - This statement summarizes the patient account activity and updates them regarding the status of their claim.

Claim - This is the bill submitted to the insurance carrier regarding services provided.

Co-Insurance - A cost-sharing requirement of a health insurance plan that requires the insured to pay a percentage of the costs for covered services.

Contractual Amount - This is the difference between the insurance carrier approved charge and what the actual charge is for the service.

Co-Payment - A pre-determined fee that an individual pays for health care services at the time they are provided.

Deductible - This is the amount that is first paid by the patient before the insurance company begins to reimburse for the charges incurred. Generally, this deductible amount is per insurance year.

Explanation of Benefits (EOB) - A statement from the insurance carrier that provides a detailed explanation of services received and coverage provided.

Guarantor - This is the person who is financially responsible for paying the bill; generally this is the patient or in the case of minors, their parents or guardians.

Medicare - A government-sponsored program that provides health insurance coverage to U.S. citizens for individuals 65 years of age or older. Additionally, Medicare provides insurance for individuals under 65 with certain disabilities, and individuals with End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplantation). Medicare has two parts; Part A and B.

Medicare Part A is hospital insurance and pays for inpatient hospitalization, skilled nursing facility care and some home health care.

Medicare Part B is for physician services, outpatient hospital services, certain home health services and durable medical equipment.

Payor - The third party entity that pays medical claims; insurance companies or the government.

Pre-certification / Prior Authorization - An approval process that may be required by the insurance carrier that requires authorization prior to the receipt of any services.

Subscriber - This is the individual who holds and is responsible for the medical insurance policy.

For More Information

For more information, to answer questions about your Indiana Spine Group bill(s), or to inquire about the status of your account, please call our billing office at (317) 275-1943.