

Commonly asked questions-

1. My pregnancy will span into two calendar years. Will the amount that I am paying now apply to this year's deductible or next year's deductible?

The amount we are collecting toward your ob care is for your co-insurance and/or maternity co-payment. We will not collect your calendar year deductible.

2. Why am I paying for services that I have not received or will not receive until I deliver?

The money that you are paying is for services that will be rendered over your entire pregnancy. Each time you have a prenatal office visit with one of our clinicians, we are rendering a portion of your global maternity services. Your global maternity care encompasses your entire pregnancy even though we do not file the charge until your delivery.

3. Why am I receiving a payment schedule for this pregnancy but did not receive one in prior pregnancies?

If we did not collect any money from you in a previous pregnancy, it would have been because your insurance company informed us you had 100% maternity coverage during that pregnancy

4. Can I use my flex spending account to pay for these services?

Flex spending accounts are set up by your employer. Unfortunately, since we do not have a contract with your flex spending account administrator; we have no control over whether or not your flex spending account will allow reimbursement for certain services.

Our experience has been that the company handling your flex spending account will only allow you to be reimbursed for services once the charge is filed to the insurance company and you receive a bill from the clinician. This money would not be reimbursed until after you deliver, we file a claim to your insurance company and they process your claim.

5. Can I use my HRA / HSA debit card to pay for these services?

HRA or HSA accounts are set up by your employer and your insurance company. The administrator of the debit card will have to answer any questions regarding how these accounts may be used. Roswell Ob/Gyn has no control over whether or not your debit card can be used as reimbursement for certain services.

6. I may be changing insurance and would like to know how this will affect what I am being asked to pay?

Until you have your new insurance card and are effective on the plan we are unable to determine what your benefits will be under the new plan. We must assume your benefits will be the same as they are now until we have your new information. We ask that you continue to make your normal monthly payments until we receive your new insurance card and verify your coverage.

Once you are effective on the plan bring your new insurance card with you to your next appointment so we can verify your new benefits, precert your up coming inpatient delivery and adjust your payment accordingly.

This is how we handle insurance changes:

- A. We will call and verify new benefit information and precert your inpatient delivery if applicable.
- B. We will file your old insurance plan for the prenatal visits you had during the time you were on their plan.
- C. We will apply any money paid toward your ob care to any outstanding charges not paid by your old carrier for your prenatal visits and any other patient responsible charges outstanding on your account.
- D. We will apply any money paid toward your old plans co-insurance and co-payments to your new insurances co-insurance and co-payments if applicable.
- E. If there is a credit balance after all services have been filed to the old insurance plan and the new insurance has been verified and credit balances applied, the remaining credit balance will be refunded to you.
- F. At the time of delivery, we will file a delivery claim to the new carrier along with any prenatal office visits you had under the new policy.