



A Note about Our Billing Practices

Trying to sort out your insurance policy and medical bills can be a challenge these days. Here is some important information for you as a patient at Essex County OB/GYN Associates.

Payment at the time of service

Typically, payments (such as copayments) that apply to your services are due at check-in on the day services are rendered. We will make an attempt to collect the correct amount, but sometimes your insurance company will process your claim differently than we expect and you may be billed after the fact for the balance.

Knowing your insurance benefits

There are so many different health insurance plans in the marketplace, each with different benefit packages. Because of this, we rely on you, as the patient with the contract with your insurer, to know the basics of your insurance plan - what is covered, what is not, when you need a referral. If you have questions about your coverage, you should contact your employer's benefits administrator or the health plan directly.

If you have **Medicare** you may be asked to sign an ABN or "Advanced Beneficiary Notice" for services you receive that are either not covered by Medicare or only covered once every couple of years. **Please read the ABN before you sign and feel free to ask for clarification on the choices.**

Preventive vs Sick/Problem visits

Most insurance policies cover "Preventive" office visits, also known as Annual GYN Exams, without a copayment. We will not collect a copayment when you arrive for your Annual Exam and will await a final determination by your insurance company. **However, if you have a complaint/problem that you would like to discuss at your Annual GYN Exam, we are required to charge separately for the evaluation and management of the problem. That would then be subject to a copayment.**

Lab/Pathology Bills

If your provider collects a culture, pap smear, biopsy, etc., you may receive a bill from the laboratory pathology or pathologist physicians. Unless you notify the nurse or clinician prior to the specimen being sent, all specimens will be sent to Lahey Health's laboratory/pathology departments. Some insurance carriers require all labs/pathology be done at a preferred laboratory. You would need to tell us your insurer's preferred laboratory.

Cancellation Policy

We require 24-hour notice for any appointment cancellations. A fee of \$25.00 will be charged to your account for any appointments that are not cancelled within a 24-hour period. Not sure if you called and cancelled your appointment? Our state-of-the-art telephone equipment allows us to run reports that give us that information. . Please call the billing department with your phone number in hand and we will check for you.

Final Note

Our billing department bills your services according to national coding guidelines and standard insurance company regulations. If you have received an Explanation of Benefits (EOB) from your insurance company or a bill from us and you feel something was processed incorrectly, please feel free to contact your insurance carrier directly and question the claim. If you think our charges are incorrect, please call our Billing department at 978-232-5526 to speak with one of our certified coders. We will review the charges to ensure everything was billed correctly.

We are dedicated to providing you with the best patient service possible. Please call us with any questions.