

WHY IS MY DOCTOR COLLECTING A CO-PAY FOR PREVENTIVE EXAMS?

Most insurance companies pay for an annual wellness exam at 100%. That means no co-pay or deductible. However, we have found that about 90% of the time, other issues besides wellness are addressed during the wellness office visit. **It is important to understand that when your insurance company says that your wellness visit is covered at 100% - that does not mean that all medical issues both wellness and non-wellness are covered at 100%.** In cases where a provider addresses both wellness and non-wellness medical issues in the same visit, your insurance will cover both the wellness and non-wellness medical services but they treat them as separate services and pay for each one separately. They will usually pay for the wellness portion of the office visit at 100% but will apply a co-pay or deductible to the non-wellness portion of the visit. Since the provider has provided both the wellness and non-wellness services – he/she is required by both good medical practice and insurance to accurately chart a patient’s medical record and code a medical claim to fully reflect all medical services provided.

Thus, we collect the co-pay at the time of the visit to prevent the inevitable confusion when a patient later receives a statement for co-pay not received at the time of service. If it turns out that no co-pay was due - we will apply it as a credit to your next non-wellness visit.

Please understand that the provider is only concerned with providing the medical services needed to address your medical conditions and keep you in good health. While most non-wellness issues could be addressed at another visit, urgent issues must be addressed immediately. Most patients would rather address non-wellness issues at the wellness visit as opposed to scheduling another appointment. Depending on time constraints, we will always try to accommodate that. Remember, there are other patients who the provider is trying to stay on time for.

Some examples of non-wellness medical services that will add additional non-wellness medical coding to a claim in addition to the coding for the wellness portion of an office visit are:

- If the provider realizes that a patient has unresolved medical issues such as the results of prior labs or diagnostic imaging that the provider has not yet reviewed with the patient; or
- A patient’s medication or medical condition requires the provider to write an order for labs; or
- A patient needs the provider to refer him/her to a specialist; or
- A patient asks the provider to address non-wellness medical issue, such as headaches, fever, nausea, flu, a bruise or open wound, fatigue, anxiety or any one of many other medical issues; or
- The provider refills a medication that the provider requires follow-up visits to monitor; or
- The patient presents with an urgent medical issue that must be addressed immediately, for example blood pressure or heart-rate at concerning levels.
- Though not an exhaustive list, the common thread is that insurance would have required the patient pay a co-pay or deductible if the issues were handled in a separate office visit.

Should you choose not to pay a copay because your visit will only involves wellness you should expect to receive a statement if non-wellness issues come up during your visit.