







► POINT OF SERVICE (POS) PLAN

- In this insurance plan, a patient in an HMO network can go to a physician outside of their network if they are referred there and pay a higher deductible. Think of this as a cross between an HMO and basic indemnity insurance

► PREFERRED PROVIDER ORGANIZATION (PPO)

- A plan similar to an HMO, except that the insurance company, rather than the HMO itself, decides who is in the acceptable provider network



► COVERED SERVICE

- Services or supplies for which your health plan will pay (or "cover") all or a portion of the cost

► NON-COVERED SERVICE

- Services or supplies for which your health plan will not pay (or "not cover") any of the cost. Most health plans do not cover all services and supplies, and it is important to be aware of any limitations and restrictions that apply to your covered services



► DEDUCTIBLES

- The amount you're responsible for paying for covered medical expenses before your health insurance plan begins to pay for covered medical expenses each year

► OUT OF POCKET MAX

- The most you will have to pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100 percent of covered medical expenses

► CO-PAYMENT

- The payment you make, usually a fixed dollar amount such as \$15, each time you visit the doctor or fill a prescription medication

► CO-INSURANCE

- A type of insurance arrangement between the payer and the patient that divides the payment for medical services by percentage (example 70/30)



► CLEAN CLAIM

- A claim received by an insurance payer that is free from errors and processed in a timely manner (reduce turnaround time for the reimbursement process and lower the need for time-consuming appeals processes)

► EXPLANATION OF BENEFITS (EOB)

- Document attached to a processed claim that explains to the provider and patient which services an insurance company will cover. EOBs may also explain what is wrong when a claim is denied

► ASSIGNMENT OF BENEFITS (AOB)

- Insurance payments paid directly to the healthcare provider for medical services administered to the patient (occurs after a claim has been successfully processed)

► ELECTRONIC REMITTANCE ADVISE (ERA)

- A digital version of the EOB, this document describes how much of a claim the insurance company will pay and, in the case of a denied claim, explains why the claim was returned



Summary of Billing Terminology

- Learning a new language takes time
- Being able to comfortably "talk the talk" will help lower administration billing overhead costs, explaining estimated costs to families, and get more accurate verification of benefits
- Insurance claims are a complex process, but learning the terms and definitions associated with billing is one step closer to understanding
- How do you eat an elephant? ONE BITE AT A TIME!


