

UNDERSTANDING YOUR INSURANCE COVERAGE

You and your family are being referred to the Midwest Fetal Care Center for evaluation of your baby or babies. It is important to contact your insurance provider before your first visit to understand which expenses will be covered and determine your out-of-pocket costs.

Most insurers will require a referral from your primary care provider for services at a specialty clinic. If so, your referring provider will need to obtain that referral on your behalf. Some insurers will ask for a list of procedure codes to help determine coverage, although not all codes used are known before your actual visit — anticipated codes are available upon request.

Some procedures require prior authorization before they can be completed. Having prior authorization does not guarantee that the procedure/visit is covered, or at what level. For example, if the specialists recommend delivery somewhere other than your home hospital, or if your baby requires specialty care at Children's Minnesota — you should understand what your insurance will cover, and your expected out-of-pocket costs.

The Midwest Fetal Care Center is a hospital-based clinic with billing coming from Allina Health and Children's Minnesota. Your bill will include both facility and professional charges. Patients seeing consulting subspecialists may also receive a professional bill from that doctor's primary practice group.

TERMS TO KNOW

Provider network: a list of doctors, health care providers, clinics and hospitals that have contracts with a health insurance company. Your coverage level is based on which provider network you use.

In-network providers: a member of your provider network. Your insurance company signs contracts with doctors and health care providers to provide services to members for a set rate.

Out-of-network providers: a provider who is not in your provider network. These providers have not signed contracts with your health insurance company. You will pay more when you use providers who are out-of-network.

Referral: when your insurance company reviews the reason to see a specific provider or specialist before a visit can occur.

Prior authorization: when your insurance company reviews the reason a service is being requested before it is provided. The amount of insurance coverage can vary based on the type of visit/service provided. Approval is not a guarantee of payment.

Out-of-pocket cost: the amount you pay for services not covered by insurance.

Deductible: a set amount that you are responsible to pay for medical care, based on your specific medical insurance plan.

BILLING RESOURCES

Allina Health

Call 612-863-4385 to reach financial counselors to further help with billing, or utilization management at 612-863-4697.

Children's Minnesota

Contact the financial counseling department at 612-813-6432; weekdays from 9 a.m. to 5 pm. Representatives are available to answer questions, or schedule an appointment to discuss options, such as assisting with an application for Medical Assistance or Children's Financial Assistance Program.

QUESTIONS TO ASK YOUR INSURANCE COMPANY

Call your insurance company to find out exactly what your plan covers. The customer service number is on the back of your insurance card.

ABOUT YOUR CALL

Date of call _____ Time of call _____

Name of person I spoke to _____

Reason for my call _____

QUESTIONS TO ASK

I would like to have a case manager assigned. Yes No If yes, name _____

Is Allina Health an in-network provider? Yes No

Is Children's Minnesota an in-network provider? Yes No

What is my deductible? _____

What are my out-of-pockets costs (the amount I am responsible to pay) if the service is:

• In-network \$ _____

• Out-of-network \$ _____

What is the maximum out-of-pocket amount I will be responsible to pay?

• In-network \$ _____

• Out-of-network \$ _____

Are there any coverage limitations for the procedure or services I need?

No

Yes _____

Do I need a referral or does someone need to approve the procedure or service I need?

No

Yes _____