

YOU HAVE A NEW INSURANCE PLAN?

At the beginning of every year, we have many patients whose insurance policy or plan has changed in the new year. We will do our best to help answer these questions for you. We always encourage our patients to speak with their insurance carrier directly for any definitive answers, but we hope we can help clarify a few things below.

1. **I had surgery last year under my old insurance plan. Since this is a follow up visit for my surgery, what insurance will be billed?**

Your care for today's services will be billed to the insurance with whom you are eligible **today**. This is the case for any service. We will bill the insurance carrier to the insurance that the patient is eligible for at the time of the service

2. **Shouldn't the old insurance have to pay for the follow-up care associated with my surgery?**

Once your coverage ended with your old insurance, they will no longer pay for any services you have following the termination of that coverage. Your new insurance plan will take over for all current and future visits while you are with that plan.

3. **What if I am in the global period following my surgery?**

Currently, our office chooses to err on the side of the patient and NOT collect co-pays from our patients WHILE a patient is in a global period,

HOWEVER, this DOES NOT mean that your insurance carrier WILL NOT assess a co-pay due for other billable services.

4. **Do I owe a copay for today's visit if I am in a follow up (global) period for my surgery?**

Unfortunately, we do not know. There are many factors that determine this and every insurance plan is different. Our office chooses to err on the side of the patient and not collect a co-pay at the time of service during your global (post op) period. If you owe something, we will bill you for it.

5. **Is there a charge for today's visit since I'm post op?**

While there is no charge for the physician seeing you today there **will** be charges if you receive any other service such as an x-ray, an injection, durable medical equipment (DME), etc.

ONLY SEEING the provider is included in the charge for the surgery (not everything that happens during a visit).

We understand that switching to a new insurance plan can be a very confusing time for our patients.

We will do everything we can to help answer your questions, but the best recommendation we have for you is to read through your benefits and reach out to your carrier for specific questions.

We also ask for your grace and patience as the Front Desk works hard to verify all patient insurance these first few weeks of 2025. Thank you for choosing and **trusting Nebraska Orthopaedic Center, PC** for your medical needs.