
Funding

General Insurance Information

The worksheets in this section are for you to identify your child's specific insurance or financial assistance coverage to help pay your medical bills. It is important for you to learn the rules the insurance company will follow in paying bills BEFORE you send them a bill. This is especially true if you are a member of a Health Maintenance Organization (HMO) which places restrictions on which physicians can provide services for your child and on how those services may be provided.

It may be helpful for you to put a copy of your insurance handbook in the pocket at the front of this section.

Answering the following questions should help you receive the maximum benefits available from your insurance company, regardless of the type of insurance plan. The insurance company or your employer will be able to assist you in providing the answers to these questions.

- When do benefits begin?
- What benefits are covered by the plan?
- What limits are placed on these benefits? For example, are there limits on the number of visits which your insurance will cover or on the dollar amount of the coverage? Do you need to check with the insurance company before hospitalization for an elective procedure (that is, one that's not an emergency) in order to obtain the best insurance payment? If so, record the telephone number.
- Does the policy have a pre-existing condition clause or a waiting period? (A "pre-existing condition" clause may place a limit on the coverage of an

insurance policy, such as not paying for care related to a medical condition that is present at the time the policy is obtained until a set time period (not to exceed 12 months) has elapsed, or placing a dollar limit on coverage for a medical condition that is already present at the time the policy is obtained. Be sure you understand exactly what such a clause means for you and your child's coverage.)

- What is the policy deductible(s), co-insurance or co-payment amount?
- Is there a lifetime maximum benefit amount per family member or per family? If so, what is that amount?
- Are there specific limits that apply only to your child's special health care needs?
- What are the policy's requirements for filing a claim? For example, does the policy holder need to file the claim or can the service provider do so? Is there a time limit on filing claims?
- What should you do to coordinate benefits from this policy with other insurance coverages or other financial assistance programs you may have?

If your policy is with a **Health Maintenance Organization (HMO)**:

- Obtain and keep on file a list of the HMO's providers (physicians and hospitals) and an outline of the HMO's service area.
- Who is your child's primary physician?
- Does your child's primary physician participate in the HMO?

- How can your primary physician refer your child for specialty care:

Within the HMO _____

Outside the HMO _____

- Will the HMO allow benefits for services received from a physician or at a hospital that does not participate in the HMO plan?
- If your child is already being treated by a physician who is not in the HMO, will the HMO require that you choose a physician from its list of providers in order to receive HMO benefits or will the HMO continue to pay that doctor to care for your child?
- Are referrals required for specialty care, emergency care or medical care received outside of the HMO service area?
- What does the HMO require from you before it will pay a bill?
- What do you need to do to coordinate HMO care with other insurance policies or financial assistance you may have?
- If your child should require emergency care outside the HMO (if you are out of town, for instance), what must you do before the HMO will pay the bill?
- What is the appeal procedure for your HMO?
- For your family, considering all members, is there an overall value to enrolling in an HMO?

Does your policy include benefits for using “preferred providers” who are members of a **Preferred Provider Organization (PPO) or Point of Service (POS) plan**? If so:

- Obtain and keep on file a list of the PPO's or POS's providers.
- What additional benefits are available when you receive services from one of the preferred providers of the PPO/POS plan?
- How will the PPO/POS provide the specialty care your child will require?
- Are there pre-existing conditions that are excluded?
- What should you do to coordinate benefits from this company with other insurance or financial assistance you may have?
- Do you need to have pre-admission approval before hospitalization?
- What kind of notice does the PPO/POS require for it to pay a bill?