



Thank you for choosing Borland-Groover (BG) for your healthcare needs. We value each of our patients and aim to offer you the best possible medical care, in addition to keeping you informed about your healthcare services.

As a courtesy, our financial counselor will contact your insurance company through an electronic verification system to confirm your insurance benefits. Unfortunately, this system does limit the information BG can obtain on your behalf to only your insurance effective dates and the amount due at the time of service (co-pay).

Because each health insurance plan is different, we recommend that you contact your insurance company to better understand your unique benefits and plan requirements. This guide will help you through any insurance-related steps you may need to take prior to your office visit or procedure.

Understanding YOUR Insurance Plan

You are scheduled to visit our office

What to do before your visit?	Remember, Borland-Groover (BG) is considered a <i>specialist</i> .
Patient's Responsibility	<p>Prior to your office visit, contact your insurance company to ask or verify the following information:</p> <ul style="list-style-type: none"> • Is your BG physician <i>in-network</i> or considered <i>out-of-network</i>? • Does your plan require a referral from your primary care physician? If so, verify it was sent to our office. • What is your <i>co-payment</i> amount for a <i>specialist</i>? This amount may be different than your primary care physician. <ul style="list-style-type: none"> • Do you have an out-of-pocket <i>deductible</i>? • Does your plan have a co-insurance amount? • Before you end the call, obtain a <i>reference number</i>.
BG's Responsibility	<p>As a courtesy, BG will contact your insurance company to verify benefits, but is limited to:</p> <ul style="list-style-type: none"> • Effective dates of coverage • Amount due at the time of service (co-pay/co-insurance) <p>• BG is not able to verify if our physician is in-network or out-of-network for your unique insurance plan.</p> <p>If a referral is received, BG's staff will file the referral in your medical record.</p>
Questions?	If you have any questions, please contact your BG office and ask to speak with the financial counselor. 904-383-1200

Definitions

Co-Insurance – A set percentage you pay for covered healthcare expenses to share the cost with your insurance company; typically paid after an annual deductible is met.

Co-Payment – A set fee you pay for a covered healthcare service that is collected at the time of service.

Deductible – Amount of expenses that must be paid out-of-pocket before an insurer will pay.

Facility – Where the procedure will be performed. Procedures offered by BG may be performed in one of our accredited endoscopy centers, BG Office, or hospital. Typically the out-of-pocket amount is less at our endoscopy centers.

In-Network – Healthcare providers and facilities that contract with your insurance company at a preferred rate.

Out-of-Network – Healthcare providers and facilities that do not contract with your insurance company.

Reference Number – A number given to reference a call made to your insurance company to verify benefits. This number will help to resolve an issue if there is a discrepancy involving payment of service.

Referral – An order from a primary care physician for a patient to see a specialist.

Specialist – A physician who focuses on a specific area of medicine.