

## Instructions for Patients with Medicare as Primary Insurance

### **Background:**

The physicians of Park Medical Associates are credentialed through Medicare and are authorized to treat Medicare patients. However, Park Medical physicians do not accept Medicare Assignment. This means that payment for your visit and your role in this process may be somewhat different from what you have experienced at other medical practices.

### **Procedure for Payment:**

1. After your appointment; Park Medical **WILL** submit a claim to Medicare.
2. However, Medicare will send the payment **DIRECTLY TO YOU** (not to Park Medical). It typically takes 3-4 weeks for Medicare to send the check. If you receive a bill from Park Medical after that time, and you have not yet received a check from Medicare, please call Medicare and inquire as to the status of your check.
3. IF you have secondary insurance, and **IF** your secondary insurance is registered with Medicare, the crossover from Medicare to the secondary insurance will be automatic. Crossover means that whatever amount NOT paid by Medicare is automatically forwarded to your secondary insurance for consideration. This will **ONLY** happen if your secondary insurance is registered with Medicare. If you are not **POSITIVE** that your secondary insurance is registered with Medicare, please call your secondary insurance (their phone number is on the back of your insurance card) and request that they contact Medicare to set up the automatic crossover. This requires only one phone call by you (Park Medical is not permitted to call on your behalf) and then the crossover should stay in effect for all future visits.
4. You will receive a bill directly from Park Medical Associates, and since you will receive direct payment from Medicare and your secondary insurance (if applicable), it is expected that you will be responsible for paying your bill.
5. Please note that IN MOST CASES Medicare will pay you approximately 80% of the Medicare allowable charges from your visit. The secondary insurance will usually pay 20% of the allowable. You may want to contact your secondary insurer directly to find out if they reimburse up to the full amount (called the limiting charge). In most cases, you will owe a small (approximately 15%) out-of-pocket expense, even after payment by Medicare and your secondary insurance.

NOTE: If you wish, you may pay your bill by forwarding your Medicare check (and the check from the secondary insurance, if applicable). To do this you **MUST:**

- a. ENDORSE the check and write "payable to Dr. \_\_\_\_\_"
- b. Mail the check WITH THE PAPERWORK (called the E.O.B.-Explanation of Benefits) that was sent to you with the check. The E.O.B. is critical for the billing office to determine for what date to apply the payment.

**PLEASE REMEMBER: AT THE BEGINNING OF EVERY YEAR, EVERY MEDICARE PATIENT HAS A NEW DEDUCTIBLE. MEDICARE PAYS NOTHING UNTIL THE DEDUCTIBLE IS MET. HOWEVER, YOUR SECONDARY INSURANCE, IF APPLICABLE, MAY COVER THE MEDICARE DEDUCTIBLE.**

Please feel free to contact Park Medical's billing office at 410-583-7102 if you have any questions about the above procedures.