

# FAQ

## ON FILING INSURANCE AT WELLNESS DIMENSIONS

### 1. Do you file or accept insurance?

Yes, we accept insurance and file it for you as long as you have out-of-network benefits. We are currently in transition for doing the filing, so bear with us while we learn how to streamline the process.

### 2. Any companies that you do not file or accept?

We file with all insurance companies, as long as the patients insurance plan has out of network coverage. The only insurance we do not file with is Medicaid/ Medicare. (Note: If a patient has either Medicare or Medicaid and has a secondary insurance, the Medicare/Medicaid is considered primary and takes over all claims – these individuals will be handled as time of service or cash clients.)

### 3. What happens if I have a copay?

Since we are an out of network doctor, the copay does not apply for a standard visit. However, if you are having lab test done at our office we accept an administrative fee, instead of having to pay in full. For office visits with doctors or nurses, we collect 40% of the billed amount up front. Once we submit to the patients insurance and receive an EOB (explanation of benefits) if insurance has paid towards the visit/ labs we apply the insurance payment towards the balance owed. If there is any amount still owed, it is the patient's responsibility to pay the remaining balance.

### 4. What do I owe at the time of my office visit?

We collect a percent of all our office visits up front. For office visits with doctors or nurses, we collect 40% of the billed amount. (i.e. - if the billed amount is \$400 for a doctor's visit we collect \$160.00 upfront) All other services that are not with a doctor or nurse in our office are paid in full at the time of the appointment or treatment.

### 5. How do I pay for labs now that you are accepting insurance?

Because we are filing the insurance for the full amount and don't know what type of payment we will get for the service, we only ask that you pay an administrative fee up front. The administrative fee ranges between \$50 and \$250 and depends on the lab ordered. These amounts are due at the time of service. After we receive payment and EOB (explanation of benefits) from your insurance company, and it is not enough to cover our minimum, then we will bill you the difference (see website and insurance sheet for more information).

### 6. I received a check in the mail from my insurance company, what do I do with it and what is it for?

IMMEDIATELY bring in a copy of the EOB (explanation of benefits) with the check from the insurance company to Wellness Dimensions and sign the check over to us. Keeping and depositing this check is insurance fraud and is against the law. It is directly related to the labs you just ordered recently from our office and/or the office visit charges.

### 7. Does insurance cover the supplements I buy from your office?

Insurance will not cover supplements, and we do not submit supplements to insurance. Patients can use a HSA (health savings account) to cover supplement costs.

### 8. What do I do to find out if a treatment is covered by my insurance?

Call our office to speak with Eli or Shanna, one of them will call your insurance company to verify your insurance out of network coverage. 913-906-7788

**9. What happens if I haven't met my deductible yet?**

If you haven't met your deductible yet, but are ordering labs, you may be asked to pay the office cost for the labs. We will still submit the full amount to your insurance company so it can be applied to your deductible.

**10. Who do I call in your office to ask insurance questions?**

Eli or Shanna @ 913-906-7788

**11. How do I find out if you are "in network" or "out of network" for my insurance?**

We are out of network for all insurance companies.

**12. I received a letter from my insurance company that tests/procedure was not covered, what do I do?**

When you receive a copy of your EOB (explanation of benefits), please fax it or bring it into our office so that we can see what was covered/ or not covered. We will help you determine what is owed or if we need to resubmit the claim.

**13. Can I go ahead and pay in full if I know I haven't met my deductible?**

YES. HOWEVER, the retail amount we bill the insurance company is not the minimum amount required by our office to charge for the lab.

**14. Did you recently change how you handle insurance?**

Yes, we now accept and file insurance for office visits and labs out-of-network in an effort to try and lower patients out of pocket expenses, allowing our services to be more readily available.

**15. When did this go into effect?**

January 1, 2011

**16. I had a treatment/lab done this year that doesn't seem to have been filed, can you file a previous treatment?**

Yes, although most insurance companies have a timely filing rule, usually 90 days.

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