

Insurance Billing Practices 1/1/2018

Camden Whole Health's (CWH) Naturopathic doctors operate under a shared expense agreement. Each ND has a fully independent separate business, however they partner in sharing of clinic expenses.

In-Network Insurance Billing Practices for Naturopathic Services

Patients who have insurance plans with companies that our naturopathic doctors (ND) are in-network with pay a co-pay or percentage of the service bill at the time of service unless they have met 100% of their out-of-pocket allowance for the year. Patients may also be billed for unpaid balances after insurance has adjusted for contractual allowance, deductible and co-insurance. Patients whose policies state that they pay a percentage, rather than a copay, are responsible for paying the entire amount of the service fee, at the time of service, at the contracted rate each doctor has agreed to for each service until such deductible is met. Once deductible is met, patients pay their policy's contracted percentage.

Dr. Moskowitz is an *in-network specialist* with **Community Health Options** and **Cigna**. For patients with these insurers, she will bill insurance at rates reduced by agreed contractual allowance (reduced rates agreed upon with the insurance company and passed on to the subscribing patients).

Out-Of-Network Insurance Billing Practices for Naturopathic Services

Dr. Moskowitz will *not* bill your insurance if she is *not* an in-network provider with your insurance company (i.e. *not* Community Health Options or Cigna). However, she encourages her patients to submit their receipts to their insurance company themselves for possible reimbursement. Many insurance carriers will routinely cover out-of-network naturopathic medicine services. In our local area, while individual policies may vary, the following companies often fall into this category: Anthem, Blue-Cross-Blue-Shield, Cigna, V.A. (with referral only). It is our experience that Harvard Pilgrim and Aetna do not reimburse for naturopathic services, but individual policies may vary.

You may inquire about procedures that are in place for you to request reimbursement yourself. To facilitate patient reimbursement, patients are provided with a detailed service summary receipt including cpt service codes and icd.10 diagnostic codes.

Section 2706 of the Affordable Care Act (ACA) states that insurers cannot discriminate between types of licensed providers performing the same healthcare services. If your insurer denies a claim and the denial appears non-compliant with section 2407 of the ACA, the Maine Insurance Commissioner encourages you to file a complaint against your insurer.