Carolinas HealthCare System

The world of healthcare is rapidly evolving and many significant changes go into effect each year. We want to ensure that you are fully informed about your financial responsibilities and do not want you to be caught off guard with unexpected healthcare expenses. The Affordable Care Act makes it imperative that each of us become educated consumers about our individual health insurance policies. Each and every insurance policy is different, even within the same insurance carrier, so it is extremely important that you know the details of your specific policy to avoid financial surprises.

We have compiled a list of questions that we suggest you call and discuss with your insurance company. We recommend that you document the answers you are given and who you speak with, including the date and time. The registration staff at the front desk is not able to determine any information about your specific coverage other than what is listed on the card, i.e. co-pay amounts, effective dates, etc.

With courtesy and respect, we want to emphasize how important it is that you know the answers to these important questions so that you can make informed medical and financial decisions for your child. It is of the utmost importance that you find out if we are in-network with your insurance plan, as we do not have access to that information.

If you have questions after calling your insurance company, please call the practice and ask for a member of management or their billing department. If you have questions about the Health Insurance Marketplace and choosing a plan for your family, you can call 1-866-412-0000 and reach a dedicated Carolinas Healthcare System employee trained to answer questions and advise you on Marketplace policies.

1. Is the doctor that I see in-network? (May be listed by clinic- or by individual provider)

2. Has your insurance carrier asked you to choose a Primary Care (or continuity) Provider? If so, there may be one co-pay when you see that physician, but a different co-pay when you see another provider within our practice. Ask your insurance company if the co-pay is the same regardless of which provider you see.

3. Do I have a "high deductible" Plan? How much do I need to pay out of pocket before the insurance starts paying? What will be applied to my deductible? Is the doctor that I see in-network (may be listed by clinic- or by individual provider)?

4. Are well checks/ annual preventative care visits covered?

   Do I have newborn benefits? Does this include coverage for lactation appointments?

   If I have an infant or toddler, how many well checks does my insurance cover? The AAP recommends well checks be performed at 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, and 36 months

   If I have an older child, are well checks covered every year or every other year?

   Is there a co-pay due for well visits or are they covered at 100%?

   Do I need to schedule well checks for my children 3 years and older at least 365 days apart, or can I schedule one each calendar year, even if it hasn't been 365 days?

   Are vision and hearing screens covered?

   Are vaccines covered? Will they be applied to my deductible?

   Are developmental screenings/ questionnaires (ASQ's) covered?

5. Are all sick visits covered by my plan? What is my co-pay? Is there a limit to the number of sick visits per year that are covered?

6. In office procedures performed (which can be considered surgery by your insurance company) such as sutures, toenail removal, wart removal, etc., are typically applied to co-insurance. Certain labs that CHS medical practices send to CMC to process, even though drawn in our office, will be billed separately, and you will receive a bill from the lab, which is usually applied to co-insurance. What is my co-insurance amount? i.e. 10%, 20%