

# Frequently Asked Questions

## ***How can I obtain my medical records?***

Contact the Lexington Clinic Release of Information Department at 859.258.4837. Some records are maintained in Lexington Clinic's regional healthcare centers. In those situations, you may contact that physician's office directly and ask to speak to the staff member that oversees the release of information.

## ***How do I find answers to billing questions?***

Our knowledgeable team of Customer Service Representatives is happy to assist you with your billing questions. You may reach our Customer Service Department between the hours of 8:30 a.m. and 4:30 p.m. by calling locally 859.258.6000 or toll free 1.800.565.6841.

## ***What is a "screening" or "routine" service, and why won't my insurance company pay for it?***

"Routine" or "screening" services are provided in the absence of a disease, condition, or relevant symptoms. In other words, there is no medical condition that prompts performance of the service. For example, your physician may recommend that you have your cholesterol checked because you have a family member with high cholesterol. This would be considered a "screening" cholesterol test. However, if you have a cholesterol test performed because you have high cholesterol, this would not be considered a screening test.

These services are vital for early detection of many medical conditions. Some common examples include annual physicals, lab testing such as cholesterol; prostate, and occult blood testing; chest x-rays, EKGs, colonoscopy, flexible sigmoidoscopy, pap smear, mammogram, and digital rectal exam.

These services are very important for your care; however, this does not guarantee that your insurance company will cover them. If your insurance policy does not cover these types of services, you may become responsible for payment. We recommend you contact your insurance company to find out what type of "screening" coverage you have.

## ***My insurance company told me if the claim had been billed differently then the service would have been covered. Why can't you change the way my claim was billed?***

Medical billing is regulated and monitored by the government. The guidelines are very clear regarding how to properly code. A doctor must always accurately indicate the service or test performed as well as the precise reason it was performed. For instance, if you came in for an exam, your physician may perform several services or tests in order to diagnosis or monitor different medical conditions. This means that it is possible that not all of your services will have the same diagnosis (reason) code on the same day. This is very common during the course of a physical. Some services are routine in nature, while others may be ordered to follow-up on an established condition, such as hypertension. Because many plans have different benefits available depending upon the reason for the service, it is possible that they will pay differently on one or more services performed on the same day. Although it may be true that your insurance would have paid differently under a different diagnosis, a diagnosis cannot

be changed for the sole purpose of obtaining benefit coverage. The diagnosis must reflect the true reason the service was performed.

If you feel the diagnosis indicated on your claim is incorrect, our staff of experienced, certified coders will review your claim for accuracy and make changes as supported by the medical documentation.

## ***Does Lexington Clinic accept my insurance?***

Lexington Clinic is contracted with and accepts many local insurances. Please refer to your benefit or provider booklet for a list of doctors available to you and to verify your benefit coverage. Your plan may even provide a level of coverage for doctors not listed.

## ***Why must I show my insurance card at every visit?***

Insurance companies supply identification cards which are to be presented by the patient for all services. Insurance companies will sometimes update the cards with new information. Even though your coverage may not have changed, sometimes important filing data on the card has changed. The Business Office strives to submit claims on your behalf in both a timely and accurate manner. In order to avoid delayed payment and possible nonpayment of claims, verification of coverage is required each time you arrive.

## ***Why am I receiving a statement from another laboratory that I have never been to?***

Lexington Clinic has an independent lab to process tests ordered by both Lexington Clinic and outside physicians. However, as with many labs, there may be some tests that we are not equipped to handle internally. In such cases, the test may be forwarded to another lab for completion. Insurance information will be sent along with the specimen to assist with proper billing of your test.

## ***I handle all the bills in my family; so why can't someone in the Business Office talk to me about my spouse's account?***

Federal HIPAA laws set forth to protect the confidentiality of patient medical information prohibits Lexington Clinic from disclosing information without the consent of the adult patient. Detailed information can be discussed with a spouse once proper permission has been obtained. Please contact the Central Business Office to obtain an authorization form.

## ***I have an H.S.A. (or H.R.A.) plan. Do I need to pay when I come in?***

Health Savings Account (H.S.A.) and Healthcare Reimbursement Account (H.R.A.) plans generally have higher deductible and out-of-pocket costs. As with any deductible plan, you may be asked to make a pre-payment on services which are expected to apply towards your deductible. You can submit your receipt through your H.S.A./H.R.A. account for reimbursement of eligible expenses. Patients who have been issued H.S.A./H.R.A. debit cards, may be able to use these cards to access funds to cover these pre-payments at the time of payment.

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## Frequently Asked Questions *continued*

***I was seen recently. Why isn't my account coming up on the website?***

The website provides you the ability to view your most recent statement and make payment on your balance due. If your account has not generated a monthly bill then the balance is not yet available for viewing. For information about your account balance prior to your scheduled billing date, please contact our Customer Service Department.

***How quickly will my information be updated or my questions answered if I use the Manage My Account feature on your website?***

Although the website itself will only update on each new statement cycle, the changes you submit will be made to your account within 1 to 2 business days. Questions about your account will be assigned to an account representative and responded to within 1-2 business days.

Please be sure to provide current contact information in your communication so that we can reach you.

***Why isn't the payment I sent in showing on the website?***

The website only shows payment history or pending payments for transactions that were submitted on-line. All other payments will be shown on your next statement. The website will provide you an updated statement once per month for as long as you have a balance due.

***Why does the website reject my Care Credit card payment?***

The website can be used for Visa, Mastercard, Discover or American Express credit transactions, as well as checking account payments. The Care Credit card requires a special terminal linked directly to that company. Payments made by Care Credit can be made at any of our cashiering locations or by calling our Customer Service Department.