

HEALTH INSURANCE - PATIENT EXPENSE RESPONSIBILITY
Compiled by Charles (Chuck) Maack – Prostate Cancer Activist/Mentor

This is a reminder to those of you who may not pay close attention to your health insurance coverage as to what, specifically, it covers and what your personal costs may be. Even with supplemental health insurance, it is important to personally make certain if that policy will cover the expense beyond what your primary policy covers.

Surprisingly, many patients are of the opinion that their physician and his/her staff are responsible to make sure whether or not something prescribed is automatically covered by their health insurance. This could include medications prescribed, devices recommended/prescribed, tests scheduled, as well as imaging that are recommended and scheduled. Please be advised that you actually have the main responsibility to make certain that whatever is prescribed or scheduled is covered by your health insurance and to what extent, and that you make certain you are aware of what your personal expense will be for that medication or imaging or whatever service prescribed/recommended.

Also surprising is that there are patients who, when scheduled for a next appointment, believe that because the physician directed the scheduling of another appointment, the patient is under no obligation to pay for the next scheduled appointment...they believe that any next appointment is just part of the initial appointment for which the patient has already paid.

So, again, be advised that YOU have personal responsibility to make absolutely certain that you are fully aware of just what IS covered, what ISN'T covered, and what will be YOUR personal expense.

Having forwarded the foregoing to many via online prostate cancer support lists, I received additional reminders that you should also always check the billing/charges for the various services provided. Often costly name-brand medications are prescribed when the generic is just as effective and much less expensive, so when being prescribed medication, ask that the generic be prescribed.

Serum blood assays can be much more expensive at some facilities/laboratories than others. If you are paying co-pays or are uninsured, ask your physician what the cost will be to have the assays run at a least expensive laboratory. These co-pays, as well as expense for the uninsured, can be more expensive than telling your

physician you will order your own testing he/she may be prescribing. An example (at the time of this paper) is that the Chemistry Panel and Complete Blood Count (CBC) often ordered can cost a few hundred dollars at a lab the physician uses, whereas this same blood test can cost as little as \$47.00 via an arrangement with Life Extension Foundation (LEF) with LabCorp laboratories for non-members and \$35.00 for members (See <http://tinyurl.com/2bmwn6d>). The PSA test from LabCorp via LEF is only \$42.00 non-member, \$31.00 member (<http://tinyurl.com/lursegw>). See the following to get a requisition online from LEF to take to any LabCorp Patient Service Center for the blood draw/testing at the foregoing cost or check on the prices of many varying blood tests to compare what you may be charged if the physician sends to laboratories of their choosing: <http://tinyurl.com/mj98qum>.

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