

## **Billing/Financial FAQ**

As a patient, you may have questions regarding your bill. We have listed some common questions and answers for you that will help explain and provide additional information about your bill.

### **Q. I received services at Catalyst Medical Clinic (CMC). Why does my explanation of benefits (EOB) and statement indicate services were provided by Infinite Health Collaborative?**

A. CMC is one of multiple physician practices that operate under the legal business name of Infinite Health Collaborative. Although our legal business name has changed, we will continue to offer the comprehensive solution for your family medicine care under the name CMC.

### **Q. When will I receive my first statement?**

A. CMC will submit a claim on your behalf to your insurance carrier. After your insurance provider processes your claim, you will receive a text message (approximately 30 days after your visit) prompting you to pay your bill through our online billing system Health iPASS. You will receive a reminder text message after 60 days. If no action is taken at that point, you will be sent a paper bill from i-Health. Your statement will outline any out-of-pocket costs you may have. Your statement will include any deductibles and/or co-insurance amounts you may owe. Co-payments are due at the time of service.

### **Q. Should I bring my insurance card with me?**

A. Yes, CMC will need the information on your insurance card to correctly file a claim with your insurance company. You will be asked to present your insurance card at each visit.

### **Q. Do I need a referral?**

A. The need for a referral differs by insurance plan. Please contact your insurance company directly prior to scheduling an appointment to inquire whether CMC is in-network for your health plan. Obtaining a referral is the responsibility of the patient.

### **Q. Do I need a prior authorization?**

A. The need for a prior authorization differs by insurance plan and the type of procedure or service being provided. CMC will initiate the prior authorization request from your insurance company for you; however, it is your responsibility to make sure that you have prior authorization before receiving certain health care procedures and/or services.

### **Q. Why didn't my insurance company cover my entire bill?**

A. Out-of-pocket expenses are determined by your insurance plan during claim processing. These amounts may include co-payments, deductibles, and/or co-insurance. If you have questions or don't agree or understand the amounts you owe, please contact your insurance company directly as they determine patient responsibility amounts for any services provided to you based on your insurance plan contract.

**Q. When do I become responsible for my bill?**

A. You are responsible for your bill at the time you receive services from CMC. We will work with you and your insurance company to get all eligible benefits processed in a timely manner. We will send you information on paying your statement approximately 30 days after you receive services for any patient responsibility amounts you may owe.

**Q. I have received my first statement and I am not able to pay my entire balance. Does CMC allow flexibility in payment terms?**

A. While CMC encourages patients to pay in full after your first statement, we understand that some may need flexible payment options. CMC does offer some limited payment plans based on your balance. Length of time allowed is also based on your balance. If you need greater flexibility than what CMC can offer, we do have a relationship with Care Credit.

CareCredit is a healthcare credit card designed for your health and wellness needs. It's a way to pay for the costs of many treatments and procedures and allows you to make convenient monthly payments.

For questions regarding your CareCredit account, please visit the Payment and Billing page on our website or contact CareCredit directly at 800-365-8295.