



Verifying Private Insurance

A client comes into the clinic for services. Your job is to verify that his coverage is up to date and what portion of the services provided that day will be covered. It's also *your responsibility* to explain to the patient what payments might be due.



- 1. Ask for a copy** of the person's insurance card.
- 2. Call the insurer.** (You can also verify their insurance online. However, information on amount of deductible met and other details may not be 100% up to date.)
- 3. Check In-Network status.** Is the person's insurance a "preferred provider" (in-network) with your local health department?

Yes: In-Network

- Check if patient has a deductible.
- If so, has it been met? If not met, how much is still due?
- Does the patient have a copayment or coinsurance?

No: Out-of-Network

- Does the patient's plan offer out-of-network benefits? (If no, they will not reimburse your clinic for services, and you may have to turn away the patient.)
- Check if the patient has a separate deductible for out-of-network services.
- If so, has it been met? If not met, how much is still due?
- Does the patient have a copayment or coinsurance?

- 4. Inform the patient** about any applicable charges (deductible, copay, or coinsurance).

TIP: With immunization services, most private insurance companies cover the cost of routine immunizations given by both in-network and out-of-network providers.