

DOT Physical & Family Health
Fees and Super Billing Q&A

DOT Physical & Family Health does **NOT** participate directly with any insurance companies. Rather we have a set fee for services rendered and anticipate direct payment from the patient.

If the payment on the day of service exceeds \$50, we offer payment plans which can extend to a maximum of 2 months. You can request "payment plan options" handout for further information.

Otherwise, payment in full is anticipated the day of service. Please note that although the staff may offer an "anticipated fee" for a given visit, the final fee is always determined at the end of the visit.

***CDL physicals are the only service not eligible for payment plans**

General Range for Fee Schedule

New patient visit (in person or telehealth)- \$95- 125

New patient (home visit)- \$110- 175 (Plus mileage)

Established patient (in person or telehealth)- \$80- 105

Established patient (home visit)- \$90- 125 (Plus mileage)

A-19 or pre- employment physical- \$95

CDL Physical- \$130 (until 10/23), then price \$145

Well woman exam- \$95

Lab draw and transport to the hospital (can also perform labs which other doctors ordered)- \$28

Mileage reimbursement rates for home visits- \$1 per mile each way

Coordination of care (for example multiple calls or prior authorizations)- \$15-35

\$5 discount for cash payments, in full, day of service.

Please note that any procedures, injections, medications, in house labs, and other factors can incur additional charges.

Miscellaneous fees

1. No show fee: We anticipate 24-hour advanced notice on cancellation of appointments. You have three convenient options for cancellations (patient portal, call, text). No show fee of \$10 will be charged otherwise.
2. Late fee's for payment on payment plan - \$10+
3. Medical release fee: In the event that you desire to request a copy of your records be sent to another party we are happy to fax them without a fee (with appropriate consents signed). If a printed copy is requested there is a \$12 fee.
4. Insufficient funds fee: In the event a credit card, debit card, or check is authorized and is returned as insufficient funds a fee of \$25 will be charged.

What is super billing?

Super billing is a different process of billing in healthcare. Essentially, DOT Physical & Family Health provides you a service for a set fee. When the visit is over, we will provide you with a “super bill”. This is more than just a receipt for services.

This is a comprehensive “bill” with CPT & ICD 10 codes and provides all other information necessary to allow **you** to submit this to your health insurance company. Most, not all, health care plans have coverage for “out of network” providers at a rate between 40 and 90%.

So, for example, if you pay \$100 to DOT Physical & Family Health for your visit and your health care plan has an 80% reimbursement rate for out of network providers, your insurance will mail you personally a check for \$80 typically 4 to 12 weeks after later.

After the visit you must mail or fax the superbill to your insurance. Check with your insurance carrier as some want you to send a claim form in with the superbill.

DOT Physical & Family Health does not help you process your claim with your insurance company but rather the responsibility falls on you, as the patient. We encourage you to make a copy of the superbill and original claim record for your records before it is mailed to the insurance company.

How much will my care cost me?

Any test our provider orders (lab work, x-rays etc) that are processed at the hospital or laboratory are billed under your insurance just as they normally would be from any other provider.

So if DOT Physical & Family Health doesn't process or work with my insurance company why are you asking for a copy of my insurance card?

While DOT Physical & Family Health never accepts payment from your insurance company or submits claims to them, we do need to have your insurance card on file if you are using us as a primary care provider. The reason for this is that our provider may order tests or medications that require prior authorizations through your insurance.

For example, if you need a medication that your insurance doesn't routinely cover, our staff may submit documents justifying the need for this particular medication. The same would go for a test (a CT scan or an MRI).

Please note that prior authorization is a cumbersome and time-consuming task on our staff and will be put on hold until your insurance card is copied and on file. For this reason, it is important for you to keep us updated on any insurance changes you may have.

The above is intended to provide patients with a “general idea” of anticipated fees. This is **NOT** intended to provide a quote for services. Our prices will be re-assessed annually.