

Insurance Policies for Thrive Center for Personalized Healthcare and Wellness

Out of Network Status

All providers at Thrive Center for Personalized Healthcare & Wellness are out-of-network with all insurance carriers for office (non-surgical) based services. As an out-of-network practice, we are committed to helping our patients maximize the access and quality of care, while keeping costs low. Thrive patients will pay for their visit or treatment at the time of service.

Out of Network vs. In Network

Because we are out-of-network, it is possible that you will have two separate deductibles; an in-network deductible and out-of-network deductible. Out-of-network deductibles are typically higher. In addition, the amount of reimbursement could be lower by choosing an out-of-network provider. If you would like to learn more about your specific plan details prior to your visit, please call your insurance company to verify your benefits and determine if out-of-network benefits are a part of your plan.

If your specific insurance plan has out-of-network benefits, your carrier may reimburse you based on that schedule of benefits for the services provided in our office. Because all insurance plans operate differently and have a different schedule of benefits, it will be important to speak with your carrier before receiving services in order to obtain the clearest understanding of the reimbursement. Thrive cannot guarantee the monetary amount, if any, that will be reimbursed to you by your insurance carrier for services rendered.

Claim Filing and Reimbursement

Upon completion of your visit, an itemized copy of your receipt containing diagnosis codes will be uploaded to your patient portal. This receipt can be used to file with your insurance if you choose to do so. *Receipts are located in the documents folder of your Power2Patient portal.*

Assistance with Out-Of-Network Claims (excluding Medicare)

If you would like to file a claim for your physician's visit, Thrive offers an all-inclusive service through Personal Touch Medical Claims. Services include filing and resubmitting claims, reviewing denials and rejections, and serving as intermediary between patient and insurance company.

**Service does not include filing for labs or specialty testing.*

- **Service Fee:** \$8 per claim. If you have more than two dates of service per month, your fee will be a total of \$10. All payments go directly to PTMC.
- **Contact Information:** Tangula Shipman - email: ptmclaims@gmail.com, phone: (704) 576-9982
- **If you are interested in this service from PTMC, please send a brief email to ptmclaims@gmail.com, subject line, 'Claims Submission', as soon as possible. Include (1) a copy of the completed insurance form provided to you at check-out from your visit. (2) a copy of your insurance card (front and back) This will be extremely helpful in keeping denials and rejections at minimum.**

- **If you desire to have an explanation of your medical out-of-network benefits, please confirm this in your email. There is NO contract, simply a claims submission and financial agreement regarding the above fee. Please refer to the insurance form.**

Medicare and Medicaid

We are not permitted to submit claims on behalf of Medicare/Medicaid beneficiaries due to our opt-out status. Thrive cannot guarantee the monetary amount, if any, that will be reimbursed to you by Medicare/Medicaid for services rendered.

Standard Laboratory Testing

Thrive utilizes Labcorp. Our in-house phlebotomist may draw blood for lab tests at the time of your visit. Any labs conducted through Labcorp will be filed to your insurance via Labcorp. You will want to confirm that your insurance company contracts with Labcorp. With questions regarding Labcorp invoices:

Labcorp Billing 1-800-845-6167

Labcorp Customer Service 1-800-762-4344

Thrive does not offer cash pay for standardized labs. If you are uninsured, you will be directed to an lab center near you to have your labs drawn.

Specialty Laboratory Testing

Thrive frequently uses specialty testing. These are usually an out-of-pocket expense. Occasionally, there is some insurance coverage. We will guide you through identifying the costs associated with your testing. *Thrive cannot guarantee the monetary amount, if any, that will be covered by your insurance company.*

Questions to Ask Your Insurance Provider

If you do have out-of-network benefits, you may want to find out the following:

- The amount of your deductible
- If your deductible has been met (as of the date of your call)
- The percentage you will be reimbursed after your deductible has been met
- If there is a limit to the number of visits per year
- If pre-authorization is required for visits

By finding out this information prior to your visits with our office, you will know what to expect from your insurance company. We will gladly provide you with the necessary super bill claim forms and receipts as a courtesy if you wish us to do so. At the time of your first visit, please present our patient advocates with your insurance card. Since you are paying for your services at the time of each visit, any insurance reimbursement will be sent directly to you.