

PATIENT COST ESTIMATION WORKSHEET

We know how important it is for patients to know the approximate amount their upcoming healthcare services will cost them. This helpful worksheet will prompt you to ask your insurance company questions that will help you determine your estimated costs. Please call your insurance company using the number on the back of your insurance card. Call at least 5 business days prior to your appointment. A call will need to be made for each insurance policy that you have. By calling and using the questions below, you will better understand how your specific insurance plan covers the requested services. It will also help to clarify your possible out-of-pocket costs for any services provided.

You are scheduled for the following services:	CPT code(s):	Estimated charge:

- This is only an estimate. Your actual charges may vary depending upon decisions made during the course of your visit, procedure or test. More detailed information about your out-of-pocket cost will be provided on your Explanation of Benefits (EOB) from your insurance company. You will receive an EOB either through the mail or the insurance company’s website after a claim has been filed.
- We are always here to help you. During your conversation with your insurance company, we are available through conference call. Ask your insurance company to initiate the call with our Patient Financial Services team at 507-389-8507.

Listed below are some questions to review with your insurance representative:

Questions to Ask	Answers/Notes
Is the Mankato Clinic in network for my plan? If not, who is in network for my plan? Mankato Clinic can help you schedule tests at another facility if needed.	
Do I need a referral? A referral is an approval from your physician to be seen at a facility, other than your primary care clinic.	
Do I need a prior authorization? A formal request to your insurance company, to pre-approve services, based on medical necessity.	
Do I have a copay? A copay is a fixed amount you pay for a health care service, at the time of service.	

Questions to Ask	Answers and Notes
<p>What is my co-insurance/coverage level for this service? Your share of the costs of a covered health care service, usually calculated as a percent of the allowed amount for the service. You start paying co-insurance after you've paid your plan's deductible; if applicable. For example, if your specific insurance plan is 80/20, as a patient, you will pay 20% of the bill once your deductible is met.</p>	
<p>Do I have a deductible? The amount you owe for covered health care services before your health insurance or plan begins to pay. --If yes, how much is my deductible?</p>	
<p>How much have I paid towards my deductible so far this plan period?</p>	
<p>Do I have an out of pocket maximum? The maximum amount you would have to pay per plan year or per lifetime depending on your plan.</p>	

If you have any additional questions, after discussing the above with your insurance company, please contact Patient Financial Services at 507-389-8507.