

Do I need to PAY a “Co-Pay” Today?

The good news is that as a result of US healthcare reform, health insurance earners can no longer charge patients "co-pays" for preventive screenings such as:

- Annual Preventive Visits (routine physicals) and well-child visits
- Mammograms
- Pap smears
- Colonoscopies
- Vaccines (flu and pneumonia shots)

However, please be aware that “co-pay” may still be required by your insurance carrier if a new or chronic/on-going problem is reviewed during your routine physical. Examples include but are not limited to:

- NEW problems such as fatigue, pain, infection, and others.
- Significant CHRONIC/ON-GOING problem that need to be addressed such as hypertension, diabetes, high cholesterol, thyroid disorders and others.

If this is the case, and required by your insurance carrier, you may receive a bill from us later for your "co-pay".

Please also be aware that other services such as labs that are not considered part of the preventive visit and are being ordered to monitor a chronic medical condition may also generate additional costs as a deductible and/or co-insurance may apply to these services. An example would be your HbA1C for diabetes or TSH for your thyroid.

We understand that this can be very confusing. As providers we do not have access to the details of what your particular plan does and does not cover - each insurance company offers dozens of different plans. All questions related to your benefit coverage and "co-pay" requirements will need to be directed to your insurance company.

Questions regarding this policy should be addressed with the Mount Auburn Billing Department at 617-499-5488.

Thank you for taking the time to read this information.
The Marino Center Care Team