



Insurance Related Frequently Asked Questions

What is a Global period and/or post operative period?

A pre-determined set amount of days that your insurance company feels that if you will not be charged for if you see the surgeon after your surgery for an office visit for surgery related issues.

What is the difference between surgery and a procedure?

Sometimes these words are used interchangeably by in most cases a procedure is a surgery that can be done in the office or an ambulatory setting and can be done with a local anesthetic and/or with IV sedation. A surgery is usually done in a hospital or ambulatory setting with general anesthesia.

Why do I have to pay for the office visit after my surgery?

Most insurance companies have a pre-determined amount of days, per procedure code that are set for seeing the physician for an office visit free of charge after a surgery or procedure. There are some procedures and surgeries that do not have these days therefore and co-pays or co-insurances will apply for your visit after surgery. Global/post operative days vary depending on your insurance plan. Some procedures are 0, 10, or up to 90 days.

What is co-insurance?

This is the percentage that the patient is responsible for that the insurance company does not pay. Your co-insurance is what your insurance company has set.

What is a CPT code?

Each office visit, procedure or surgery has a numerical code assigned to it that insurance companies use nationally instead of a name.

Who do I contact if I disagree with the amount I am expected to pay?

For any questions about the amount you are required to pay for co-pays and/or co-insurances please contact your insurance plan. This is a contract between you and your insurance plan. Our practice only collects the amount that the patient is responsible for which has been determined by your insurance company.