PRE-DETERMINATION PROCESS & INSURANCE COVERAGE

Most insurance companies require your treatment to be pre-authorized. This is called a Pre-Determination/Pre-Authorization. After you complete your conservative therapy measures for the amount of time that **your insurance requires**, we will schedule a follow-up appointment with one of our providers. This appointment is for the documentation required by your insurance and the following points will be reviewed with you:

Have you tried the following conservative measures?

- Regular use of prescription strength compression stockings
- Periodic leg elevation
- Exercise, walking
- Medication management (use of analgesics such as non-steroidal anti-inflammatory agents, such as Ibuprofen or Tylenol)
- Avoidance of prolonged immobility
- Weight reduction (when appropriate)

After this follow-up appointment, we send in the Pre-Determination to your insurance company (excluding regular Medicare patients). Your insurance will usually respond within four to six weeks from the time it is sent in. When we send this into your insurance, we will notify you of your estimated out of pocket portion, which will be collected at the time of your first treatment. This is our best estimate; however, the amount may vary slightly depending on how your insurance processes the claim.

IMPORTANT!

If your insurance coverage changes at any time during your treatment process, we must be notified immediately! A new Pre-Determination will need to be submitted to your new plan. This could greatly impact your financial responsibility for the rest of your treatment.