

FREQUENTLY ASKED QUESTIONS ABOUT INSURANCE COVERAGE

Will my insurance cover vein treatments?

Insurance generally covers vein treatments when the treatments are considered medically necessary. Medical necessity is determined by symptoms, ultrasound results and your insurance company's guidelines for medical necessity. A treatment plan will be submitted to your insurance company prior to treatment in order to confirm coverage. If your insurance company does not cover treatments, we will be happy to offer you an estimate at our discounted cash pay rate. Spider vein treatment is always considered cosmetic and will not be covered by insurance.

Can you tell me the cost of my treatment at my first appointment?

Each treatment plan is individualized to meet the specific needs of each person. For this reason, a comprehensive treatment plan will not be finalized until a thorough evaluation has been completed. This typically includes a physical examination and a duplex ultrasound of the veins in your legs. Once the evaluation is complete, a safe and effective treatment plan will be developed for you.

Do I need to call my insurance before any procedures are done?

While it is always wise to inform your insurance company about any procedures, our staff will notify your insurance company by submitting a pre-determination to them before any treatment is done. Most insurance take four to six weeks to respond to a pre-determination.



Why do I have to wait to have my procedures done?

Your insurance has a "conservative therapy" guideline policy that has to be met before they will commit to any coverage for vein treatments. Conservative therapy typically includes wearing prescription strength compression stockings, elevating your legs, weight reduction (if applicable), and exercise. The length of time you need to participate in conservative therapy prior to vein treatment coverage varies by insurance company but is anywhere from 6 weeks to 6 months. It can also take 4-6 weeks to hear back from your insurance company once we have submitted your treatment plan for authorization. If you opt to pay out-of-pocket by not utilizing your insurance coverage, then your treatments can begin at the next available appointment.

What is the cost of vein procedures?

Cost varies per patient, as treatment plans are highly individualized and insurance coverage varies by policy. After the ultrasound, we will be able to develop a treatment plan for you and send a pre-authorization request to your insurance company. Once we receive a response from your insurance company, we can than <u>estimate</u> what your out-of-pocket portion will be. If you are a cash paying patient, we will provide you with a written estimate of the cost.

NOTE: Our office policy is to collect your deductible and/or co-insurance at each visit.

Cash, personal local checks, money orders, MasterCard and Visa are accepted.