



Current Insurance Plans Accepted by Valley Medical Group, P.C.

HMO Insurance Companies:

Aetna US Health Care

BCBSMA

- HMO BLUE and all Blue Shield HMO Products
- Blue Care 65

Cigna Health Plan

- NOT CREDENTIALLED FOR RADIOLOGY, ASPC, or LAB at this time

Connecticare – Gatekeeper and Open Access HMO plan

- DOES NOT INCLUDE EYECARE

Harvard Pilgrim Health Plan

Health New England

Masshealth

- PCCP plan
- Boston Medical Center Healthnet – Hampshire County (AMC and NHC) providers through the CDH PHO. (Does not include Franklin County)
- Commonhealth
- **Do not participate in Neighborhood Health plans.**

One Health Plan

Tufts Health Plan

Indemnity Plans:

AARP

Aetna

Blue Cross/Blue Shield

GIC Indemnity

Guardian

John Hancock

Mass Health

- Standard Plan

Medicare

Medex

Metropolitan Life

North American Administrators

- Beech Street Corporation

Travelers

Unicare

ALL TRADITIONAL INDEMNITY PLANS

** Traditional indemnity plans do not require members to be seen by a participating provider, they have the option to go to any practitioner of their choice. The patient is typically responsible for a percentage of the charges.

Point of Service (POS) Plans and PPOs:

Aetna

Atlantic

BCBS POS and PPO

- PPO – Eye Care - Routine only – Sick visits, patient must see Ophthalmologists

Champus/Tricare – **Standard plan only**

Cigna

- NOT CREDENTIALLED FOR ASPC, RADIOLOGY AND LAB at this time

Consolidated Health Plan

GIC - Unicare

Harvard Pilgrim Health Care (HPHC) POS and PPO

Healthcare Value Management (HCVM)

- HCVM logo is on the card
- CDH is not a participating Hospital in this plan

Health New England POS and PPO

HMC PPO

Northeast Health Direct – (through CDH for AMC and NHC only - pending GHC provider Credentialing)

- DOES NOT INCLUDE EYECARE – VMG DOESN'T PARTICIPATE W/ CARVE OUT VISION MED

PHCS (Private Healthcare Systems) – **PPO PLAN ONLY** – (Includes United HealthCare)

- VMG will be participating with **United HealthCare's PPO plans** only.

Note: They also offer an EPO plan, which is comparable to an HMO where members are required to select a PCP at enrollment and have their care directed through him/her. We will **not** be participating in the EPO/HMO/Select POS plans as it isn't offered in our geographical area and they will not recruit practitioners here. The inquiries we've received about the EPO are for patients whose employers are based out of state, so far mostly Connecticut.

- United HealthCare uses the Private HealthCare Systems (PHCS) PPO network of providers. This should appear on the patient's insurance card. There are also other insurance companies who use the PHCS PPO network and we will be participating for those also.
- **Please refer to your insurance carrier for the updated list of the practitioners that are participating.**

PIONEER

Tufts POS and PPO

Note that the Healthcare Value Management, HMC PPO, PHCS, and the Consolidated Health Plan are networks of insurance carriers. Which means when a patient inquires if we participate in their plan and the carrier is not on our list, i.e. John Alden or John Hancock, these carriers may be part of one of the networks mentioned above. The network name is on the card***

Behavioral Healthcare Plans

Aetna PPO Behavioral Health

Cigna Behavioral Health

Magellan Behavioral Health

- BCBSMA
- Aetna/USH
- Connecticare
- DOES NOT INCLUDE VERIZON AND N.E. UTILITIES MEMBERS

Medicare

Merit Behavioral Health

United Behavioral Health (UBH)

- GIC Indemnity and Indemnity Plus plans.
- Commonwealth Tufts PPO
- Verizon employees
- Fleet employees
- N.E. Utilities
- **PLEASE NOTE IF A PATIENT WHO IS EMPLOYED WITH ANY OTHER EMPLOYERS, or MEDICAL BENEFITS W/ TUFT HEALTH PLAN (HMO) - UBH MUST BE CONTACTED TO VERIFY THAT UBH IS THE MENTAL HEALTH CARRIER.**
- **THE PATIENT CAN SIGN A WAIVER AND WILL BE RESPONSIBLE FOR THE SERVICES.**

Value Options – Harvard Pilgrim Health Care only

EYE CARE CARVE OUTS

Davis Vision – Blue Care 65

Davis Vision- BCBSMA PPO

VMG recognizes that questions about what insurance covers and does not cover varies by plan and can be confusing and sometimes complicated. The insurances listed on this sheet are meant as a guideline, not a confirmation of individual benefits.

- ***IF YOU HAVE A QUESTION ABOUT YOUR INDIVIDUAL INSURANCE BENEFIT, PLEASE CONTACT YOUR INSURANCE COMPANY.*** Since the patient is ultimately responsible for payment of services rendered, it is important that you are aware of your benefits. Please see attached **Financial Guidelines for Health Care Services.**

PATIENT INFORMATION: Listed below for your convenience are the major health plan Member Services phone numbers if you need to contact our insurance company.

If your insurance is not listed below, look on your member card or contact your employer for this information.

BCBSMA –800-486-1136

TUFTS – HMO – 800-843-1008 PPO – 800-423-8080

HPHC – 800-421-3550

HNE – 800-842-4464

PIONEER 800-423-4586

Last Revised 7/18/02

FINANCIAL GUIDELINES FOR HEALTH CARE SERVICES

*Thank you for choosing to receive your health care at our medical office.
This document contains important information concerning financial responsibility for service received.*

**PLEASE PRESENT YOUR INSURANCE CARD AND
BE PREPARED TO PAY YOUR COPAY AT EVERY VISIT**

FINANCIAL RESPONSIBILITY

As a courtesy to you, we will bill your health insurance company directly in most cases.

You will be responsible for payment of any co-payment or deductibles required by your insurance plan.

If your insurance company denies or delays payment, we will bill you directly.

If you do not have medical insurance, you are expected to pay at the time of the visit. To make payment arrangements, please contact our billing department at the telephone number below.

If any payment is made directly to you for service billed by Valley Medical Group, you recognize an obligation to promptly remit the same.

CO-PAYMENTS

Per your insurance guidelines, co-payments are due and payable at the time of your visit. We accept MasterCard, Visa and Discover Card. If you pay by check and it is returned, it will be necessary to apply a \$15 fee to your account.

REFERRALS/SPECIALTY CARE

Your insurance plan may require that prior authorization be obtained for certain services in order to provide reimbursement. Please contact your insurance company to determine referral requirements before receiving services. If the visit requires a referral, you are responsible for obtaining this referral through your primary care physician. A referral is not a guarantee of coverage.

NON-COVERED SERVICES

It is very important that you take the time to read and understand the information provided to you by your insurance company including your member handbook. All insurance companies have limits on the services they cover, and it is extremely important that you know your membership eligibility, benefits, limitations and exclusions under your specific plan. **If we bill your insurance and payment is denied for any valid reason, payment remains your responsibility.**

WHERE TO GO IF YOU HAVE QUESTIONS

Our billing staff is available to help you if you have questions regarding this policy or other customer services issues regarding your balance. They can be reached Monday through Friday, 8:00 a.m. – 4:30 p.m. at 866-431-4077.

**FOR QUESTIONS REGARDING YOUR INSURANCE POLICY & GUIDELINES,
PLEASE CALL THE TELEPHONE NUMBER ON YOUR INSURANCE ID CARD.**