

# **Medicare Off-Assignment Instructions**

## **Instructions for Patients with Medicare and a Secondary**

- We will collect from you the Medicare “limiting charge” of your visit up-front at the time of service.
- We will submit your visit to Medicare.
- Medicare will send you an EOB (Explanation of Benefits) and a check for 80% of the “non-participating amount” for your visit, usually within 3-4 weeks.\*\*\*  
This amount will generally be about \$10 to \$25 less than the amount that you paid us.
- The EOB will tell you if Medicare submitted your claim to your secondary or not.
  - If Medicare **DID** submit your claim to your secondary, you don’t need to do anything else. You should receive an EOB and check from your secondary within 3-4 weeks.
  - If Medicare **DID NOT** submit your claim to your secondary, then you need to follow the instructions below under “How to Submit Your Claim to Your Secondary.”

\*\*\*Please note that you will only begin receiving checks from Medicare once you have met your yearly \$155 deductible; however, some secondary plans will pick up the Medicare deductible.

### **How to Submit Your Claim to Your Secondary**

- Make a copy of the EOB that Medicare sent you and make a copy of the receipt that we gave you at your visit.
- Mail both of these items to your secondary; the address should be listed on the back of your secondary card under “claims mailing address.”
- You should receive a check from your secondary within 3-4 weeks.
- To ensure that Medicare claims will get forwarded to your secondary in the future, call Medicare at 1-800-MEDICARE (1-800-633-4227), and make sure that they have your secondary information on file.

### **If you do not receive a check from Medicare**

- Medicare might have a problem with certain diagnosis codes or for some other reason; they are very picky!! Your EOB that you receive in the mail will tell you, but it is sometimes hard to decipher.
- You need to call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask for doctor services. Make sure that you have your Medicare card and your EOB because you will need your Medicare identification number and the date that you were seen in our office.
- Ask Medicare why they did not pay on your claim. Whatever information they can give you would be great; make sure to write it down.
- Call our office at 231-1901 and ask to speak with someone in the billing department. Then give us the information that Medicare told you.
- We will refile your claim with Medicare.

- Medicare will send you an EOB (Explanation of Benefits) and a check for 80% of the allowed amount of the visit, usually within 3-4 weeks. The EOB will tell you if Medicare submitted your claim to your secondary or not.
  - If Medicare **DID** submit your claim to your secondary, you don't need to do anything else. You should receive an EOB and check from your secondary within 3-4 weeks.
  - If Medicare **DID NOT** submit your claim to your secondary, then you need to follow the instructions on the other side of the page called "How to Submit Your Claim to Your Secondary."

### **If you do not receive a check from your secondary**

- Because we bill Medicare as off-assignment (which is not very common), some secondaries do not process your claims correctly and still send payment to us. If you get an EOB from your secondary stating that they sent us payment, please give our billing department a call and we will promptly issue you a refund. Refunds are run mid-month.