

Frequently Asked Insurance Questions

What if I do not have Insurance?

If you do not have insurance, you will receive an automatic 6 percent discount. Mayo Clinic Health System provides free on-site financial counseling by contracting with Outreach Services, Inc. Outreach Services helps patients determine if they qualify for other programs such as:

- Medicaid/BadgerCare: a federal and state health insurance program designed to provide access to health services for persons below a certain income level, including men, women and children, elderly who are poor and childless adults (age 19 to 64) without insurance coverage. Some Medicaid/BadgerCare programs are available at no cost or low cost; the patient's payment depends on family income and size.
- Disability
- Crime victims
- Other local grants and charities

For more information, call 715-838-1973.

How do I know if my care is covered by insurance?

If your insurance is through your employer, we suggest you contact them for benefit information. You also can contact the insurance company. The phone number is usually located on the back of your insurance card. Below is a link to a list of Mayo Clinic Health System insurance network affiliations. You may need to contact your employer or insurance company if you do not see your insurance plan listed.

[View Insurance Companies Network Affiliations](#)

Who submits my claim to insurance?

As a courtesy to you, Mayo Clinic Health System will file claims to your insurance. It is important that we have your correct insurance information, including the name of the policy holder, name of insurance company and policy number of your insurance carrier. This includes Medicare, Medical Assistance (Medicaid, BadgerCare, etc.) and commercial insurance. Please keep in mind that your insurance coverage is a contract between you and your insurance company. You are ultimately responsible for payment of all your charges.

Do you submit auto accident/liability claims?

If you have Medicare or Medicaid coverage, as well as a liability insurance policy, regardless of who is at fault, we must bill the liability insurance prior to any Medicare or Medical Assistance coverage.

If you have a non-Medicare/Medicaid insurance, it is in your best interest to bill your health insurance company instead of your auto accident or the liability insurance. If you do not have any health insurance coverage, we will bill your accident/liability insurance as a courtesy to you.

Mayo Clinic Health System does not bill out-of-country insurance companies. We will provide the necessary paperwork to you; however, the balance is your responsibility.

Why did my insurance company reject the claim or not pay the entire claim?

There may be several reasons why your claim was not paid:

- Your insurance may need additional information from you
- Charges may have been applied to your deductible
- You are responsible for co-pays or coinsurance amounts
- Charges could have been non-covered services
- Coverage was not in effect at time of service

Your insurance company should have sent you an explanation of benefits (EOB) that explains why the charges were not paid. You will need to contact your insurance company and discuss why the charges were rejected or not paid.

How can I get a service pre-authorized by my insurance company?

Generally, insurance companies require notification prior to any planned procedure or hospital admission. Patients are expected to confirm benefits and coverage with their insurance company prior to any planned procedure. We can assist with getting your service prior authorized by calling 715-838-3110, option 1. For planned surgeries that require admission to the hospital, utilization review staff will contact the insurance company to obtain pre-certification. Following admission to the hospital, utilization review staff will continue to work with your insurance company until your discharge. For urgent or unplanned admissions to the hospital, utilization review staff will contact your insurance company within one business day of the hospital admission.

How do I know if the insurance company will cover my charges?

You may contact your insurance company with questions. The phone number is usually located on the back of your insurance card or in your policy documentation. Once your insurance receives a claim from us for your services, they will send you an explanation of benefits. We may also assist with verifying your benefits by calling 715-838-3110, option 1.

What is an explanation of benefits (EOB)?

An EOB is a detailed document from your insurance company that identifies the amount they have paid, any non-covered or denied services and the remaining balance that is your responsibility, including deductibles, coinsurance and co-pays. You may receive your EOB before you receive your Mayo Clinic Health System statement. Please review your EOB carefully, and call your insurance company or Mayo Clinic Health System if you have any questions or concerns.

What Medical Assistance plans (Medicaid, BadgerCare) are accepted for non-emergent care at Mayo Clinic Health System?

Group Health Cooperative, CompCare, and ContinuUs are the only contracted HMOs that are accepted for non-emergent care at Mayo Clinic Health System. We also accept most out-of-state

plans for urgent or emergent care. Medical Assistance patients need to present a current identification card for billing and inform staff of any other insurance coverage. The law states insurance must pay before Medical Assistance can be billed.

Do you accept out-of-state Medical Assistance?

We accept most out-of-state plans for urgent or emergent care. Medical Assistance patients need to present a current identification card for billing and inform staff of any other insurance coverage. The law states insurance must pay before Medical Assistance can be billed.

What if I have a medical assistance plan (Medicaid, BadgerCare) that is out of network for Mayo Clinic Health System, but I want to see a Mayo Clinic Health System provider?

You must contact the Forward Health Enrollment Specialist at 1-800-291-2002 (toll free) to see if they are able to change your Forward Health HMO.

Will Medicare cover my entire bill?

Medicare usually pays 80 percent of the allowed amount for covered services after the deductible has been met. For hospital services, a coinsurance or co-payment varies depending on the service.

Does Mayo Clinic Health System bill Medicare Advantage Plans and HMOs?

Mayo Clinic Health System bills all Medicare Advantage plans and HMOs.

What is an Advance Beneficiary Notice (ABN)?

An ABN is a form that lets you know you may have to pay for a test your provider orders if Medicare does not cover the services due to CMS guidelines. The ABN helps you make an informed decision about whether to have the test or service and pay for it yourself or choose to not have it performed.

An ABN also may be used for a patient with Medicaid coverage for services that are not a covered benefit. This is a separate document from the Medicare ABN. The Medicaid ABN assists the patient in making an informed decision to about having the service and accepting financial responsibility for it or not having the service provided.

When does Medicare not pay for a test?

Medicare only pays for tests they consider medically necessary. Medicare's definition of necessity is any test or procedure that is reasonable and necessary for the diagnosis or treatment of an illness or injury. If the diagnosis given by your provider does not meet Medicare's criteria, the test or service will not be paid for by Medicare.

If Medicare says the test is not medically necessary, then why perform it?

Your provider makes a medical judgment that you need the test or service. When your provider says a test is medically necessary for you, they consider your personal history, the medications you are taking and generally accepted medical practices.

Is an ABN something new?

The ABN is not new. It has been around for 10 years. However, there have been recent changes in how Medicare pays for diagnostic tests, and these changes make it more likely that Medicare may not pay for a specific test or service.

If the ABN is not new, why haven't I had to sign one before?

You may not have signed an ABN at a previous visit because:

- Your doctor ordered different tests on previous visits
- This is the same test your doctor ordered before, but your diagnosis has changed
- This is the same test for the same diagnosis, but Medicare rules have changed, and Medicare may no longer pay for this test for this diagnosis.

Why do you want me to sign the ABN?

We ask patients to sign an ABN whenever Medicare appears likely to deny payment for a specific test or service. Medicare requires us to provide patients with a written notification whenever it is likely they will be responsible for the bill.

Must I sign the ABN?

No, there are four options available:

- Option 1: You may sign the ABN and have the test performed. If Medicare denies payment, you will be responsible for payment.
- Option 2: You may sign the ABN and have the test performed, but you do not want Medicare billed. If Medicare is not billed, you will be responsible for payment.
- Option 3: You may sign the ABN and choose to not have the test performed. However, by not having the test performed, you will be going against the medical advice of your provider. If you choose to not have the test performed, you should notify your provider who ordered the test that you did not have it done.
- Option 4: You may refuse to sign the ABN and go ahead with the testing. A witness will sign the ABN to indicate you have been advised of the ABN, refused to sign it, but still want the test performed. Under Medicare guidelines, you may be held responsible because you were notified of the likelihood of a Medicare denial.

If I sign an ABN, will I be billed automatically?

You will be responsible for paying only if Medicare denies your claim. You may appeal the denial with Medicare if you think it is wrong.

If I sign an ABN, how much must I pay for the test?

The estimated cost for the test(s) will be available to you when you are presented with the ABN.

Will Mayo Clinic Health System bill my supplemental insurance?

Mayo Clinic Health System will submit claims to supplemental insurances. Non-covered charges, such as the deductibles and items listed on the ABN, are your responsibility.

Will supplemental insurance pay for the test if Medicare does not?

Most supplemental insurances do not pay for diagnostic tests not covered by Medicare. You may wish to contact your insurance company if you have any coverage questions.

Must I sign an ABN every time a new test is done?

It depends on the test and the reason for ordering it at a particular visit. You will be asked to sign an ABN only when there is good reason to think Medicare may deny payment for the test ordered.

How do I contact Medicare?

You can call them at 1-800-944-0051 (toll free).

How can I check the status of my workers' compensation claim?

You may contact your employer or the workers' compensation carrier.

Who do I contact if my workers' compensation claim was denied?

You may contact a patient service representative at 1-888-838-6193 (toll free).

My workers' compensation carrier denied my claim. Can I have my health insurance billed?

In order for Mayo Clinic Health System to bill your health insurance, we may request a copy of the denial from you.

What is the difference between Medicare Part A and Medicare Part B?

Medicare Part A covers inpatient hospitalization, and Medicare Part B covers outpatient and physician services.