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Request from your Insurer

- Call the number for Members on the back of your insurance card and request a **Summary of Benefits**, also called a **Summary Plan Description**
- The document may be over 100 pages so **ask for a paper copy** so you can easily highlight important sections. It may take a few follow-up calls.
- Request a **Case Manager** due to ongoing medical needs

2

Stay Organized

- **Track Your Calls.** Write down the name of the representative, location, date, time and what was discussed.
- **Verify Coverage.** Before any visit or service, call and confirm your provider's network status and coverage. This can include doctors or healthcare providers, laboratory, imaging, durable medical equipment and prescriptions.
- **Use a Notebook.** Keep a small notebook handy for quick notes when you're on the go.
- **Set Up Folders.** Save emails and documents right away to stay organized. Keep all documents from your insurance company and clinicians. Request all related documentation from your insurance, including internal communications.
- **Sign up for insurance or healthcare portals** to easily access appointment summaries.
- **Stay persistent and respectful.**
- Always ask to **speak with a supervisor** if needed.

3

Know These Insurance Terms

In-Network vs. Out-of-Network

In-Network: Doctors or providers who have agreed upon pricing with your insurance.

Out-of-Network: Services without an agreement, which may cost more.

Deductible: The amount you pay before insurance begins covering costs. There is usually a separate individual and family deductible. The deductible resets each year. Keep track of your deductible balance by asking your insurance company.

Co-pay: A fixed amount you pay for services, which does not count toward your deductible.

Prior Authorization: Some plans require approval before you get certain procedures or tests. An approved authorization doesn't guarantee coverage or payment. Confirm payment responsibility before you receive the service.

Insurance Claim: A bill sent by your healthcare provider to your insurance for services you received.

Explanation of Benefits (EOB): A statement sent to you, from your insurance, showing what was covered and what you may owe. This is not a bill, and if you have questions you should call your insurance company.

Primary Insurance: The main insurance that needs to be billed first. This is often covered through your work.

Secondary Insurance: A backup insurance that may help cover costs the primary insurance didn't pay.

If you have specific questions about navigating your insurance, contact the CNF Family Support Program at childneurologyfoundation.org/family-support or call (859) 551-4977.



Family Support