

HMO

HMO stands for Health Maintenance Organization. HMO's are prepaid health plans where the insured must select a primary care physician contracted with the HMO to manage their health care. The insured must go to their primary care physician for all medical problems. If their physicians feels their problem requires a specialist, like in our case a surgeon, they will issue you a referral to a participating specialist. In order for your plan to pay for any service, they will require a referral, so it is important that patients make sure that your primary has issued a referral whenever you see a specialist, get an x-ray or for most treatment options. In some cases, reauthorizations are required and you will not need a referral.

In addition to the required referral, most plans have co pays and deductibles. A co pay is a predetermine amount that the insured will pay when visiting a physician. Most plans have a lower co pay for primary care physicians and a higher co pay for specialists. Many HMO plans are now adding deductibles to their plans. This means that before your plan will pay any fees, insured will have to meet their deductible threshold. It is important for you to read your plan description, ask your plan administrator questions and learn the specifics of your individual plan. Our front desk and billing staff will be glad to assist you whenever possible.