

To our families:

Before your visit, it is important to know and understand:

- Your commercial insurance plan benefits.
- Your responsibility for any deductibles, co-insurance or co-payment amounts.

Remember: Not all services are “covered” in all commercial insurance plans

Paying for today's visit may include out-of-pocket cost for:

- Copay
- Deductibles
- Coinsurance

1. **Out-of-pocket cost:** This is the amount you pay for health services. Generally, out-of-pocket costs include copays, deductibles, and coinsurance.
2. **Copayment (also called copay):** This is a specific amount of out-of-pocket money you pay each time before receiving health services including doctor's visits or filling prescriptions. The amount you pay depends on your insurance plan and the type of treatment you are receiving.
3. **Deductible:** This is the amount of out-of-pocket money you pay before your insurance begins to pay for covered costs. Every year, the deductible starts over. You will need to reach the deductible again for that year before your plan benefits start.
4. **Coinsurance:** This means that you are sharing the cost of the service with your insurance company. The amount you pay is measured as a percent. You will pay this percent after you have paid the deductible. For example, after you pay the deductible, you are responsible for paying 20% of the cost of the service and your insurance will pay 80%.

Your questions are important. For more information:

- Visit our website at cookchildrens.org/billing.
- Call **682-885-1860** or **888-852-6635**
- Scan this QR code to learn more.



Please bring your insurance card and a form of identification to every doctor's visit, lab or imaging appointment (x-ray, CT scan, surgical services, etc.)

Home Health billing:

Call **682-885-6294** or **800-747-8242**
cookchildrenshomehealth.com

To find out what your insurance plan covers

1. Look on back of the insurance card: Call the phone number under Member Services Department.
2. Visit the website for your insurance plan.





Other important terms to know

1. **Out-of-pocket maximum:** This is the most money you will have to pay for covered medical expenses in one year. Once you reach this amount, your insurance will pay for the rest of the covered medical costs throughout the year. Deductibles, copayments, and coinsurance all count toward your out-of-pocket maximum.
2. **In-network:** When a doctor, hospital, dentist, specialist, pharmacy, or another provider accepts your health insurance plan we say they are in network. We call them participating providers. Participating providers have an agreement with your insurance company to provide medical care to their insured members at a discounted rate.
3. **Out-of-network:** These are the health care providers who do not have an agreement with your insurance company to provide care. Because there is no agreement, you will pay more for out-of-network services. An exception to this rule is emergency medical care.
4. **Guarantor:** This is the person responsible for paying the balance of an account.

Help with Billing

Cook Children's is committed to clear and accurate billing to better our families.

If you need help paying your bill, you can:

- Visit [cookchildrens.org/billing](https://www.cookchildrens.org/billing)
- Call 682-885-1860 or 888-852-6635

After you go home

Your insurance plan will send you an Explanation of Benefits (EOB) notice. The EOB lists:

- The amount insurance has paid.
- Any non-covered or denied amounts.
- The remaining balance you are responsible for paying.

Carefully review your EOB. Compare it to your billing statement. Call your insurance plan's Member Services Department if you have any questions or concerns.

Home Health billing

Call **682-885-6294**
or **800-747-8242**
[cookchildrenshomehealth.com](https://www.cookchildrenshomehealth.com)