

FREQUENTLY ASKED QUESTIONS

Q: Why is WellBeingMDSM changing their status with insurance companies?

A: Having an out-of-network status with private insurances and nonparticipating provider with Medicare have been policies that were previously part of the practice when the late Paul Winter M.D. and associates were practicing in 2006 when Dr. Principe joined that practice. The system is a simple payment method that places emphasis on the relationship between the patient and their insurance company. It requires that the patient understands his/her insurance company and the coverage that it provides. As the insurance industry has become more complex, small offices that provide individualized care and take the time necessary to provide such a high quality of care are being penalized. To continue the type of care that you are accustomed to, this insurance decision was necessary on the part of Dr. Principe.

Q: Will I get my money back from my private insurance or Medicare?

A: After payment at the time of the visit, claims, as a courtesy for private insurances and as a requirement of Medicare, will be submitted to the appropriate insurance agency for your reimbursement. In general, you will receive a notice of your benefits coverage and what portion of the visit has been applied to your deductible. If you have met your out of network deductible, you will most likely receive a reimbursement check. In general, reimbursements are received within 2-3 weeks of claims submission. Each insurance will have its own timeframe on reimbursement.

Q: How much will I pay for visits?

A: Charges vary on patient status (New or Established), Insurance (Medicare vs Non-Medicare) and time and complexity of the visit. Charges may vary from \$25.00 (Brief) to \$ 300.00+(Comprehensive) Assessments.

Q: Can payment arrangements be made for the visit?

A: Payment is due in full at the time of the visit. Cash, check, or credit card payments are accepted.

Q: If I have a Medicare advantage or PPO plan and cannot discontinue that coverage, can I still be seen by Dr. Principe?

A: Yes, you can continue to see Dr. Principe even though he is no longer a network provider with your Medicare Advantage or PPO Plan. As an out-of-network provider, you would be responsible to pay for your care personally and may be reimbursed by your insurance plan at a reduced rate. Please check with your insurer to see if you have out of network benefits.

Q: Will Telehealth visits be available?

A: Typically, Telehealth visits are now covered and reimbursable by private insurance and Medicare at this time. They are a convenient method to review results or conduct evaluations that do not require physical assessments. WellBeingMD now provides telehealth services.

Q: Can I see another physician that will take my insurance as an in-network provider?

A: The following physicians have been suggested: Noorun Khan, MD, Nicholas Rizzo, MD, Joseph Kowalczyk, MD, and Beata Styka, MD.

Q: If I change physicians, how can I obtain my medical records?

A: A Release of Medical Records request form from the new physician's office needs to be submitted to our practice by mail or fax per HIPAA policy. There is no charge for the transfer of records to another physician. If a patient wishes to have a copy of his/her medical records, independent of transfer to another physician, there is a charge for those records depending on the volume of the record. All medical record requests are handled in a timely fashion. By law, there is a 30-day period in which the records can be transferred.

Q: If I decide to switch physicians, can Dr. Principe fill my medications until I find another physician?

A: Yes, upon notification of leaving the practice, Dr. Principe will be able to fill necessary medications for a 30-day period.

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