

1. What is a Copayment, aka COPAY?
 - a. An estimated fixed amount (\$25, for example) that you pay for a covered health service after you have paid your deductible.
 - b. Copays can vary for different services
 - c. Generally, plans with the lower monthly premiums have higher copayments
 - d. Your insurer will pay a portion of your balance based on the type of health plan that you have.
 - e. Some insurance plans only pay for so many services, and thus you will have to pay out-of-pocket if you exhaust that amount.
2. What is Co-insurance?
 - a. Usually an estimated percentage that represents the percentage cost that you will need to pay and your health insurance plan will pay towards your medical expenses.
 - b. A deductible is commonly with a coinsurance
3. What is a deductible?
 - a. Usually a fixed dollar amount that you have to pay out of your own pocket before the insurance will cover the remaining eligible expenses.
4. Why do we have a COPAY/COINSURANCE?
 - a. This payment helps to ensure that people seek medical attention when they need it (they don't put off treatment due to costs, and they don't overuse services due to the comparatively small price-tag)
5. Do I have to pay my Copay/Coinsurance every visit?
 - a. Yes.
 - b. In some cases, patients can request to pay on a weekly basis, but no longer than that
6. Why can't I just pay this at the end?
 - a. Based on historical records, we have noticed the following
 - i. People get surprised how big their bill is and then they cannot afford it and payment plans are not an option unless specified
 - ii. Paying copays allows each patient to appreciate each visit and understand that value in the service and home exercise program
 - iii. People try to avoid paying but then get mad when the bill is sent to collections
7. Why can't CORE Sports just waive my copays/co-insurances?
 - a. It is illegal to perform and a Federal Offense
8. Does this company accept liens under No-Fault Injuries?
 - a. WE DO NOT ACCEPT LIENS
 - b. We are a small business company and cannot afford to provide services in this manner
9. Why do I (the patient) have to know how much funding I have for my No-Fault claim?
 - a. By law, it is illegal for us to know the exact dollar amount for a patient. It keeps each healthcare practitioner unbiased and maintains code of ethics.
 - b. Please keep in mind that your no-fault claim amount includes:
 - i. MD office visits, medications, imaging (x-rays, MRIs, CT-scans, Ultrasound, Nerve tests), injections, ER visits, ambulance, PT and MT visits, Chiropractor/Acupuncture, etc...
10. What if my No-Fault Claim Exhausts?
 - a. In regards to PT, we will bill your private insurance for the remaining PT visits, however this is not a guarantee that they will pay for your services
 - b. In regards to MT, private insurance does not pay for this, and will be an out-of-pocket expense
 - c. If PT and MT is still necessary to attend however you cannot afford it, there are cash pay options available. Please ask the front administration for details