

Important Terms

Appeal: A request from a patient's insurance company to review the denial of coverage.

Benefits: Services covered under a health insurance plan.

Co-Insurance: The patient's portion of the cost of a covered healthcare service after their deductibles have been met.

Co-Payment: The fixed amount patients pay for a covered healthcare service. A person's co-payment amount depends on their insurance plan.

Deductible: The most money a patient pays each year for healthcare services before their health insurance plan begins to pay.

Excluded Services: Healthcare services not covered by a patient's insurance.

Insurance: A policy that covers all or a portion of a person's medical expenses and/or medicines.

Medically Necessary: Healthcare services or medicine needed to prevent, diagnose, or treat a disease or its symptoms.

Neurological: Related to the nerves and the nervous system within the body.

Neuromuscular: Related to the nerves and muscles within the body.

Out-of-Pocket Costs: Costs for medical care that aren't covered by insurance and must be paid by the individual.

Out-of-Pocket Maximum: The most money a patient will pay for covered healthcare services each year.

Prior Authorization: Approval from a patient's insurance company before they will cover the cost of a healthcare service or medicine.

Specialty Pharmacy: A pharmacy that delivers specialty medicines direct to patients through FedEx.

Titration: The process of steadily increasing your dose of medicine according to a regular schedule prescribed by your doctor.