

## **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:** Titration is the process of steadily adjusting your medicine to obtain maximum benefit with manageable side effects as prescribed by your doctor.

