CAPITAL ORTHOPAEDIC SURGERY CENTER

Insurance: What to Know and What to Expect

Understanding Basic Insurance Terminology

Before your surgery, it's helpful to understand common insurance terms you may encounter:

- **Deductible:** This is the amount you must pay out-of-pocket for healthcare services before your insurance plan starts covering costs.

***Example**:* If your deductible is $1,500, you must pay that amount in full before your insurance begins to pay for covered services.

Note: Payments made toward your deductible often also count toward your out-of-pocket maximum but check with your insurance plan to confirm.

- **Co-Insurance:** Once your deductible has been met, your insurance will start sharing costs with you. Co-insurance is the percentage of the total bill that you are responsible for paying.

Example: If your co-insurance is 15%, you'll pay 15% of the service cost, and your insurance will cover the remaining 85%.

- **Co-Pay:** A set dollar amount (flat fee) you pay at the time of service.

Example: You might have a $50 co-pay for certain outpatient procedures.

Note: Check with your insurance provider to find out if co-pays apply toward your deductible or out-of-pocket maximum.

- **Out-of-Pocket Maximum:** This is the maximum total amount you will have to pay for covered services in one plan year. Once this amount is met, your insurance should cover 100% of eligible medical expenses for the rest of the year.
- **Balance Billing:**
  This happens when an **out-of-network** provider bills you for the difference between what your insurance paid and the full cost of the service.

Important: *COSC does not balance bill patients. See below for details.*

About Capital Orthopedic Surgery Center (COSC)

Capital Orthopedic Surgery Center (COSC) is an independent outpatient surgery center where your procedure will take place.

We are NOT part of:

- The Centers for Advanced Orthopaedics (CAO)
- Any other CAO offices in the DMV area
- Anderson Orthopaedic Clinic
- Summit Orthopedic Surgery Division

Insurance Network Status:

Even if your insurance company may list COSC as "out-of-network", we always treat patients as in-network for your procedure here at COSC.

- We collect your **in-network deductible, co-insurance, and/or co-pay** at the time of surgery.

COSC is currently **in-network** with:

✅ Aetna	✅ Cigna (No EPO plans)
✅ United Health Care (UHC)	✅ Humana Military (Tricare)
✅ Multiplan	✅ BCBS Anthem of Virginia (only Virginia patients)

Explanation of Benefits (EOB) – Don't Be Alarmed!

What is an EOB?

An Explanation of Benefits (EOB) is a statement from your insurance company detailing what they were billed, what they paid, and what you may owe.

After surgery (typically 3–6 weeks later), you may receive an EOB that says something like:

"Capital Orthopedic Surgery Center is out-of-network. Full payment may be required."

What You Should Do:

- Do NOT worry! This is NOT a bill.
- Call us at COSC and let us know you have received the EOB.
- We will handle any clarification with your insurance.

Equipment (DME) Provided at COSC

We can provide the following items if needed during your visit:

- Crutches
- Walkers
- DVT devices (deep vein thrombosis prevention)

Any equipment provided will be billed to your insurance.

If your insurance doesn't cover a portion, you may receive a bill for your share. You are encouraged to check your DME benefits with your insurance plan before surgery.

For further information, questions and billing information on DME's please contact:

Precision Medical Products:

📞 **Main Phone:** 516-220-7575

Anesthesia Services

Who Provides Anesthesia at COSC?

Anesthesia services are provided by Capital Anesthesia Associates (also known as Reston Anesthesia Associates).

- They are a third-party provider (not owned by or affiliated with COSC).
- Typically, if your surgeon is in-network, anesthesia is also in-network, but it's still strongly recommended that you call them directly to verify your coverage.

Billing Process:

- About 4–6 weeks after surgery, they will bill your insurance.
- Any remaining balance (after insurance payment) will be billed directly to you.

For further information, questions and billing information on anesthesia please contact:

Capital Anesthesia Associates / Reston Anesthesia Associates

📞 **Main Phone:** 703-471-0919

Surgeon Services

You will likely also receive a separate bill from your surgeon for their professional services performed during your procedure. This is completely separate from COSC's facility fee and anesthesia services.

Prior Authorization

What is Prior Authorization?

Also called **prior approval** or **pre-certification**, this is when your insurance company reviews and approves certain procedures in advance to determine medical necessity.

How It Works:

- Not all procedures require prior authorization.
- **If it is required, your surgeon's office will handle the request and approval process on your behalf.**

Medical Billing Codes (For Your Reference)

- **CPT Codes:**
  "Current Procedural Terminology" codes for all services and procedures.
- **ICD-10 Codes:**
  "International Classification of Diseases" codes that describe your diagnosis and reason for surgery.

These codes are used by all providers and insurance companies for billing purposes.

Capital Orthopedic Surgery Center (COSC)

📍 **Main Phone:** 301-701-6900

📠 **Fax:** 240-658-6199

📞 **Billing Department:** 240-658-9144

Capital Anesthesia Associates / Reston Anesthesia Associates

📞 **Main Phone:** 703-471-0919

Precision Medical Products:

📞 **Main Phone:** 516-220-7575

If you have any additional questions before or after your surgery, please don't hesitate to contact us at COSC. We're here to help guide you through the process!