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## Insurance Billing Terms

**Authorization:** An insurance company may require those covered to get permission before receiving specific services. If a patient does not get authorization from their insurance provider before receiving the service, the insurance company reserves the right to deny coverage. This is usually completed by the provider.

**Coordination of Benefits (COB):** For patients covered by more than one insurance plan, it is important to understand which insurance company to bill for which services. If more than one parent has a commercial plan, whoever has a birthday earlier in the year is primary. IE: If one is March and the other is December, the parent's insurance with the March birthday has the primary insurance plan. Some plans will request information from the members quarterly to ensure that they are primary payor.

**Co-Pay:** This is the amount of money you pay before receiving treatment or services. A co-pay is not included in the deductible. It will vary, depending on the insurance provider and plan.

**Current Procedural Terminology (CPT):** CPT is a standard set of codes maintained by the American Medical Association (AMA). It contains five-digit numerical representations for every type of service.

**Deductible:** This describes the amount your client must pay on their own before their insurance plan kicks in. The amount of the deductible can vary, depending on insurance plan and provider.

**Fee Schedule:** This is the list of fees that the provider has negotiated and contracted with each insurance company.

**International Classification of Diseases ICD-10 Codes:** An ICD is a code that represents the diagnosis of a medical condition.

**In-Network:** This describes if the provider is contracted with an insurance company to provide services to their enrollees.

**Maximum Out of Pocket:** This describes the absolute max amount of money your client will pay on their own annually.

**Medicaid:** This is a government insurance program (a joint venture between federal and state) that provides coverage to people with low or no income.

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**National Provider Identifier Number (NPI):** A unique 10 digit number assigned to each healthcare provider.

**Out of Network:** Defined by individual insurance companies, this term refers to providers who are not in a contract with the insurance company.

**Pre-certification:** This is when your client must check with their insurance provider first to certify that a specific treatment is covered by their plan.

**Self-pay:** This term describes clients who pay for their own services, instead of through insurance providers.

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