

What if I have traditional insurance or an HMO, can I still benefit from Be Medispa services?

Yes, our medical spa can benefit you if you are seeking medical services, alternative care or health care providers not “allowed” by your insurance carrier. With our aggressive approach to early detection and prevention, the quality of care and type of treatment you receive is decided upon by you and your health care practitioner, NOT your insurance company. Your insurance carrier may or may not reimburse you for seeking care from “non-participating providers.” For more specific answers to your particular policy you should discuss this with your insurance company member services and/or your insurance broker/advisor.

Will I be able to submit receipts to my insurance carrier?

The number of insurance companies that accept receipts for preventative care and wellness is continuing to increase as they have seen the advantage prevention offers to their policyholders as well as themselves. Check with your insurance company or broker/agent if you are considering submitting wellness codes for reimbursement or to apply towards your deductible. Your tax advisor will be able to guide you with information about what health care expenses may qualify for tax deductions.

Will Be Medispa submit a claim for me?

Be Medispa does not submit claims to the insurance industry. Doctors and health care providers focused on prevention and wellness can afford to offer these specialized services for you because they do not incur the high costs associated with insurance coding and billing. Insurance codes might be represented by a higher price than our program-based codes, so by requesting the higher-priced codes you are requesting a higher price for the visit. If your high deductible policy or health savings account requires coding, you may or may not be able to submit a receipt for that visit. However, you might not need to submit each and every form to your insurance company if you do not exceed your deductible. We recommend that patients should expect to use personal funds for elective health care costs and then only submit claims toward their deductible for larger items. Also be aware of any contractual obligations that might require your provider to bill your insurance company before collecting from you.

How much could a high-deductible policy save me?

Many families can save thousands of dollars per year with affordable, high-deductible catastrophic health insurance policies. For example, a California family can save \$4,980 per year in insurance premiums by purchasing a \$2,000 deductible (per family member) insurance policy for \$207 per month. The same policy with a \$250 deductible is \$622 per month. Considering approximately 90% of the US population spends less than \$2,000 per year on medical expenses (73% spend less than \$500 per year), this is a good financial choice for many families. Rates and policies vary by location, state and age. Your insurance and financial advisor is professionally trained to help guide you.

How do Medicare and Be Medispa work together?

Be Medispa does not submit claims to Medicare. Medicare does not allow a “Medicare provider” to charge a “Medicare patient” a cash price without billing Medicare first. However, Medicare patients can see any non-Medicare provider they want, as long as the service is NOT submitted to Medicare. Considering that some doctors are opting out of Medicare due to excessive administrative demands and cost, Be Medispa may be an ideal solution for patients seeking medical services, alternative treatments, or providers that are not participating with Medicare. Be Medispa may be a sensible alternative for Medicare patients who prefer to see non-Medicare providers or who do not choose Medicare Part B.

High-deductible policies and HSA's

You also may wish to include a Health Savings Account (HSA). This allows you to control the money you spend on health care. You can reduce your health care costs by using funds from an HSA for routine medical expenses and purchasing a high-deductible catastrophic health policy for unexpected major medical expenses. This approach is very simple and is used everyday by us with our car insurance. For example, with car insurance, you pay for the routine maintenance (gas, oil-changes, wiper blades, tune-ups, etc.) and insurance pays only if there is a major accident. You do not “bill” the insurance company for each and every gas receipt, wiper blade or new tire but only when you have a major accident or event that would require your insurance companies involvement. It would not only be very expensive and cumbersome to expect the car insurance to cover a portion of your weekly gas expenses it is not what insurance is designed to do. True insurance covers unexpected catastrophic events that do not usually occur. This is simpler, less expensive, and provides more freedom to choose the doctors and type of health care you desire.

Disclaimer: The information provided is not intended to take the place of a reputable professional financial advisor. It is merely informative. Your insurance and financial advisor is professionally trained to help guide you. Be Medispa does not in any way claim to provide professional financial advice to clients or to the public.