



# Your Patients are Covered



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You can  
depend on us.

- Please note under NJ law, emergency room visits are **ALWAYS** in-network. In an emergency, your patients are protected. \*

If your patient comes to you concerned that they may have received a bill that looks incorrect, please instruct them to call the Insurance Help Desk at 866-600-3100 so they can review the account for accuracy. They are there to assist your patients and inform them of their rights.

Your patients can also easily find out if their insurance carrier is considered in-network by going to [carepointhealth.org/edmandate](http://carepointhealth.org/edmandate).

You and your patient can find out more about this state mandate by visiting: [http://www.state.nj.us/dobi/division\\_insurance/managedcare/mconstrights.htm](http://www.state.nj.us/dobi/division_insurance/managedcare/mconstrights.htm)

In the ER setting, all patients have access. It isn't a matter of "accepting" or "participating" with any insurance company. Emergency patients will always be treated as though we participate with their insurance company.

New Jersey law and regulation states that when a patient is seen for emergency services, NJ insurance companies are required to hold the patient harmless. That means that the insurance company is legally obligated to only hold the patient responsible for their in-network, out of pocket amount. **This state mandate also applies to any in-patient admission resulting from an emergency room visit.** We will serve as an advocate for your patients to ensure that their insurance company abides by this law when processing Emergency claims to limit the patient to their in-network responsibility.

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## CarePoint Health accepts all insurances.

“Accepts” means that we will accept all patients and bill their insurance company. We will not turn anyone away regardless of their insurance. However, we may or may not be participating with their insurance company.

“Participation” indicates whether or not we actually have a contract signed with an insurance carrier. In the vast majority of cases where we don’t participate with an insurance company, patients have out of network benefits—which means that even if we don’t participate, the patient can still receive care from non-participating providers.

In the event that a patient does not have out of network benefits, we will still accept their insurance, and not turn them away.

In the ER setting, all patients have access. It isn’t a matter of “accepting” or “participating” with any insurance company. Emergency patients will always be treated as though we participate with their insurance company.

*\*Not all plans issued in the state of NJ are governed by NJ law. Certain employer sponsored plans may fall under Federal ERISA law. Coverage for Emergency services for these plans should be clearly defined in your summary of benefits. If you have any questions regarding your coverage, we encourage you to contact your insurance carrier.*

