

IN-NETWORK INSURANCES – 2017

Medicare: Clients with **only** Medicare **or** Medicare and a Commercial Out-of-Network insurance **must pay 50% of the DME** at the time the order is placed with Purchasing and the **balance due by delivery**.

All new wheelchairs require a face-to-face visit. The medical packet for the f2f will be mailed to the client after the LMN is completed - approximately three (3) weeks after the completion of the wheelchair evaluation.

Medicaid: Straight Medicaid
Amerigroup HMO
Horizon NJ Health HMO
Wellcare HMO

Medicaid will **not cover new PWC** for any client residing in a facility or nursing home. They may cover PWC base or custom seating for PWCs. They cover customization of chairs. Custom head support will be questioned – why now and what changed.

Commercial Insurances

Aetna: We are In-Network through Beech Street but client must have Out-of-Network benefits for DME.

Cigna: In-Network through CareCentrix

BC/BS: In-Network through CareCentrix

There are over 6,000 other smaller insurance companies we are In-Network with through the MedGroup or Beech Street.

To verify insurance supply the following information:

Correct spelling of first and last name

Date of birth

Name of insurance carrier

Phone number on back of card

ID # and Group #