

IN-NETWORK INSURANCES – 2022

Medicare: Clients with Medicare-only 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 (f2f) visit. The medical packet for the f2f will be mailed to the client after the therapist's letter of medical necessity is completed and reviewed by our independent Medicare pre-screener.

TotalCare: DSNP: Medicare HMO & HNJH HMO joined together under one plan. No down payment is required.

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.

BC/BS: In-Network through CareCentrix
Braven Health: Medicare Advantage HMO and PPO Health Plan through CareCentrix. Braven is an affiliate of Horizon BC/BS. ID begins with B7T, B7V or B7W

Other
Commercial: Client should use in-network vendors, however, if they choose to use their out-of-network benefits we can provide services and they will be billed for any outstanding amount.

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 #