



GLOSSARY: HEALTH CARE

Glossary of Health Care Terms



About East Coast O&P

Established in 1997, East Coast Orthotic & Prosthetic Corp. has become a Leader in Custom **Orthotics**, **Prosthetics** and rehabilitation **Braces**. We are also an official Expert Center for **Rigo® System Cheneau®** in the U.S.A.

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Accreditation: East Coast Orthotic & Prosthetic Corp. has several BOC accredited facilities. Accreditation is a “seal of approval” given to the plan by an independent organization such as BOC to show that we meet national quality standards.

Allowed Amount: Maximum amount on which payment is based for covered health care services, the remainder owed by a patient will result in an out-of-pocket expense.

Annual Limit: A cap or limit on the benefits your insurance company will pay in a year while you’re enrolled in a particular health insurance plan.

Carrier: Any insurer, managed care organization, or group hospital plan. At East Coast Orthotic & Prosthetic Corp. we often refer to this as your health insurance.

Claim: A bill for medical services rendered, typically submitted to the insurance company by East Coast Orthotic & Prosthetic Corp.

CMS: Centers for Medicare & Medicaid Services

Coinsurance: The amount that you are obliged to pay to East Coast Orthotic & Prosthetic Corp. for covered medical services after you’ve satisfied any co-payment or deductible required by your health insurance plan.

Co-payment: Often referred to as a “co-pay”, it is a specific charge that your health insurance plan may require that you may have to pay a provider like East Coast Orthotic & Prosthetic Corp. for a specific medical service or supply.

Date of Service (DOS): is the date on which a health care service was provided to you by East Coast Orthotic & Prosthetic Corp.

Deductible: A deductible is an amount you pay for a health care service provided by a provider like East Coast Orthotic & Prosthetic Corp. before your health insurance begins to pay us.

Diagnosis (DX): An identification of the nature of an illness or other problem provided by your doctor via examination of the symptoms. Diagnoses codes allow providers like East Coast Orthotic & Prosthetic Corp. to facilitate the processing of health insurance claims.



Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses.

Eligibility Date: Eligibility Date may also be referred to an Effective Date; this is the date when you become entitled to benefits under your insurance plan. At East Coast Orthotic & Prosthetic Corp. a customer service representative will verify your insurance to make sure that you are eligible for medical services.

Explanation of Benefits (EOB): After being provided with medical services from East Coast Orthotic & Prosthetic Corp. you should receive an Explanation of Benefits statement for your insurance online or in the mail regarding the medical care that your insurance will pay us for, services they can't pay for and why, and any charges you may owe out of your own pocket to East Coast Orthotic & Prosthetic Corp.

Group #: A number of individuals covered under a single health insurance contract, usually a group of employees.

Health Care Procedure Codes (HCPCS): HCPCS is a collection of standardized codes that represent medical procedures, supplies, products, and services. HCPCS allows a provider like East Coast Orthotic & Prosthetic Corp. to facilitate the processing of health insurance claims.

Health Maintenance Organization (HMO): An insurance plan that allows you to pick one primary care physician. All your health care services go through that doctor. With an HMO, you need a referral before you can see any other health care professional, except in an emergency.

HIPAA: Health Insurance Portability and Accountability Act of 1996 is legislation mandating specific privacy rules and practices for medical care providers and health insurance companies.

ICD-10: The Tenth revision of the International Statistical Classification of Diseases and Related Health Problems. This is a standard created for consistency among physicians in recording patient symptoms and diagnoses for the purposes of payer claims reimbursement and clinical research.

Medicaid: A joint federal-state program that provides health coverage or nursing home coverage to certain categories of low-asset people, including children, pregnant



women, parents of eligible children, people with disabilities and elderly needing nursing home care.

Medicare: A federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Member: Anyone covered under a health insurance plan, an enrollee or eligible dependent.

Network Provider: East Coast Orthotic & Prosthetic Corp. is in-network with many insurance companies which serve as a major convenience to many of our patients'. A Network Provider is healthcare provider who has a contractual relationship with a health insurance company.

No-Fault (N/F): A health insurance plan that is designed to promptly pay personal injury claims and lower potential litigation costs.

Out-of-network Care: Health care rendered to a patient outside of the health insurance company's network of preferred providers. In many cases, the health insurance company will not pay for these services. At East Coast Orthotic & Prosthetic Corp. a customer service representative will verify your insurance to determine if your insurance is in-network or out-of-network.

Out-of-Pocket: Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

Patient Product Agreement & Proof of Delivery (PPA) Form: An agreement signed by patients of East Coast Orthotic & Prosthetic Corp. as proof of delivery for a brace, splint, support or other medical supplies.

Place of Service: The type of facility in which healthcare services were provided to you by an East Coast Orthotic & Prosthetic Corp. practitioner.

Pre-authorization: The process by which a patient is pre-approved for coverage of a health care service, treatment plan or durable medical equipment. Sometimes called



prior authorization, prior approval or precertification. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Prescription (RX): An instruction written by your doctor that authorizes a provider like East Coast Orthotic & Prosthetic Corp. to provide you with medical treatment.

Provider: A term commonly used by health insurance companies to designate any healthcare provider.

Referral: The process through which a patient under a managed care health insurance plan is authorized by his or her primary care physician to see a specialist for the diagnosis or treatment of a specific condition.

Rental: The amount someone pays you to use your property after you subtract the expenses you have for the property.

Secondary Coverage: When a patient is covered under more than one health insurance plan, this term describes the health insurance plan that provides payment on claims after the primary coverage.

Third-Party Health Insurance: A health insurance plan offered through an employer under a single health insurance contract for a group of employees.

Worker's Compensation (W/C): A health insurance plan that employers are required to have to cover employees who get sick or injured on the job.