

Speaking to Your Doctor

It is important to work with your doctor to get the best health care possible. Below are tips for building an effective relationship with your doctor and making the most of your visits.

Communicate well.



Be prepared. Arrive at your doctor's office prepared with your health insurance cards, a copy of your health history if you're a new patient, and a list of questions you want to ask your doctor. Bring something for taking notes. Also consider bringing another person, like a family member, friend, or caregiver, if you think they can help.



Share information. Tell your doctor about your symptoms or any trouble you are having with activities or daily living. Tell them about other providers you have seen and any treatments they recommend.



Ask questions. If you do not understand something your doctor says, ask them to explain it.



Get it in writing. Ask your doctor to write down what you should do between now and your next visit, including instructions for how to take medicines, specialists you should see, or lifestyle modifications.



Follow up. If you experience any problems after your appointment, call your doctor's office to schedule a follow-up. Ask your doctor's office if they use e-mail or an online portal to communicate with patients.

Seek a second and third opinion, if needed.

A second opinion is when you ask a doctor other than your regular doctor for their view on your symptoms, injury, or illness to better help you make an informed decision about treatments.



- **Original Medicare** covers second opinions if you a doctor recommends you have a surgery or major diagnostic or therapeutic procedure. Medicare does not cover second opinions for excluded services, like cosmetic surgery. Original Medicare will cover a third opinion if the first and second opinions are different from each other.
- **Medicare Advantage Plans** may have different costs and coverage rules for second and third opinions. Contact your plan for more information.

Know what to do if your doctor doesn't think your care will be covered.



If you have Original Medicare and your provider believes, based on Medicare's coverage rules, that Medicare will not pay for an item or service, they may ask you to sign an Advance Beneficiary Notice (ABN) before you receive that service.

- The ABN allows you to decide whether to get the care in question and to accept financial responsibility for the service if Medicare denies payment.
- The notice must list the specific reason why the provider believes Medicare may deny payment.
- Providers are not required to give you an ABN for services or items that are never covered by Medicare, such as hearing aids.
- Note that your providers are not permitted to give you an ABN all the time or have a blanket ABN policy where they provide an ABN for all services.

If you have a Medicare Advantage Plan, you or your provider should contact your plan to request a formal determination about whether an item or service will be covered.

- If the plan denies coverage before you receive the service, you should get a Notice of Denial of Medical Coverage within 14 days of requesting the determination (or within 72 hours if you request an expedited appeal and your plan approves your request). Follow the instructions on this notice to appeal your plan's decision not to cover your service or item.
- Ask your doctor to submit evidence to the plan that you meet the coverage criteria for the item or service and that it is medically necessary.
- If you need assistance filing an appeal, contact your State Health Insurance Assistance Program (SHIP) for information and counseling about the appeals process. If you do not know how to contact your SHIP, call 877-839-2675 or visit www.shiphelp.org.

Identify billing errors.

Health care providers and their billing departments sometimes make billing errors or honest mistakes. They should correct these errors if you tell them. If you think your doctor or their billing department made an error or mistake, contact them directly to resolve the issue.



You can spot these errors by keeping an appointment calendar or using a My Health Care Tracker to keep track of your medical appointments and services. You can call you're the Ohio Senior Medicare Patrol for a My Health Care Tracker if you don't already use one. The tracker can help you compare your appointments, services, and notes to your Medicare statements.

If something does not seem right on your Medicare statement, remember to first call your provider. Here are just a couple examples of potential errors:



Your provider billed Medicare for an office visit on a day when you did not see them.



Your provider billed you for a service that was different than what you actually received.

If your provider does not resolve the issue, or if you notice a pattern or errors, contact the Ohio Senior Medicare Patrol. We can assist to try to resolve the error. The Ohio SMP can also help you identify Medicare fraud, errors, or abuse, and can help you report potential fraud to Medicare and other correct authorities.

Medicare statements:

- If you have Original Medicare, you should receive a Medicare Summary Notices (MSN).
- If you have a Medicare Advantage Plan or Part D plan, you should receive an Explanation of Benefits (EOB).



These statements are not bills. MSNs and EOBs summarize the health care services and items you have recently received. They include the charges billed to Medicare and the amount you owe. Read these carefully to spot any potential billing errors.

Who to contact for more information:

- Work with your doctor on effective communication. If you notice any errors on your Medicare statements, contact your doctor’s office.
- Contact the **Ohio State Health Insurance Information Program (OSHIIP)** if you need help understanding your Medicare coverage or filing an appeal.
- Contact the **Ohio Senior Medicare Patrol (SMP)** if you may have experienced Medicare fraud, errors, or abuse.
- Contact **1-800-MEDICARE** (1-800-633-4227) or go to **medicare.gov** to find doctors in your area that accept Medicare. Contact your Medicare Advantage Plan for a list of in-network providers.

Ohio Senior Health Insurance Information Program	Ohio Senior Medicare Patrol
800-686-1578	800-488-6070, opt 4
OSHIPPmail@insurance.ohio.gov	mgallagher@proseniors.org
www.insurance.ohio.gov	www.proseniors.org/ohio-smp
To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org

SHIP Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org
 SMP Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org
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