

Health Savings Account (HSA) Policy

A **health savings account (HSA)** is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high deductible health plan. The funds in an HSA are used to help cover health care costs which are charged to the patient before the patient's deductible amount has been met. While an HSA helps to reduce the out of pocket expenses for a high deductible health plan, it is NOT required to fully cover a patient's deductible—and in most cases does not. What this means is that if the funds in an HSA have been used up, but the health plan deductible has not yet been fully met, you will be personally responsible for all allowable charges billed by your physician up until the deductible is met, at which point the specifics of your individual policy would come into play. Although you personally may know how much money you currently have available in your HSA, as healthcare providers, we are NOT able to obtain or verify in any way the balance remaining in your HSA. As such, if you have not yet fully met your deductible amount, your visit will be assumed to be going towards your deductible, and a deposit will be collected prior to being seen for the full allowable estimated charges for your visit. Once your insurance company processes the visit claim (typically 2 - 4 weeks), if it is paid by them under your HSA, any excess amount paid by you will be refunded.

While we understand that this extra step is an added burden, in order to further prevent significant losses it has become necessary for us to implement such policy. Your understanding is greatly appreciated.