



Explain my bill

frequently asked questions

Does Crystal Run Healthcare take my health plan? Crystal Run Healthcare powered by Optum accepts most major health plans. To ensure accuracy of your specific plan coverage, refer to your health plan documents for coverage details. You can also call the member services phone number typically found on the back of your insurance card.

You may also ask for a good-faith estimate of expected charges prior to receiving services. The toll-free number for cost estimation is **1-833-624-9600**.

What if Crystal Run Healthcare doesn't take my health plan or I am self-pay?

If Optum doesn't participate with your insurance plan, or if you are self-pay, you will be provided a good faith estimate. This is a document that tells you how much you can expect to pay for your visit before you come in.

Patients owe any balance not covered by their health plan at the time of service. You may submit your claim to your health plan after your visit. For help with submitting a claim, please call the member services number typically found on the back of your insurance card.

What is my copay? You may be required to pay a copay (copayment) each time you receive care. A copay is a fixed amount (for example, \$15) you pay for a covered health care service. The amount can vary depending on your health plan. **If you have a copay, it is due at the time of service. Patients owe any balance not covered by their health plan.**

How will I be billed? If you owe more than your copay, Optum will send you a regular billing statement. Payments received from you or your health plan, and any balance due will be included in the regular statement. You can pay your bill or remaining balance online at <https://pay.optummedical.com/>

Why did I get a separate bill for my procedure? Some specialists or providers may use equipment, tools or tests to aid in making a diagnosis. These may result in separate charges not included in the office visit and the service may be subject to additional costs.

If your care team advises surgery, you will be contacted by a surgical scheduler. They will answer and discuss questions about the surgery scheduling process and your financial responsibility.

Why am I getting a bill for lab or radiology services? Sometimes, the costs for lab tests (like blood work) and imaging services (like X-rays, MRIs, or CT scans) are billed separately. For example, lab testing is primarily conducted by Quest Diagnostics, unless you or your doctor specify otherwise, or if your health plan does not include Quest Diagnostics. Depending on your health plan, there may be additional out-of-pocket costs for lab or radiology services. If that's the case, you'll receive a bill directly from Quest Diagnostics or the lab or imaging center where the tests were done. If you have any questions about these charges, you should contact the service provider who sent you the bill directly.

Is Optum a Medicare provider? Yes, we participate with traditional/Original Medicare (Part B). If you are enrolled in a Medicare Supplement or Advantage plan, please visit our website to validate plan participation.

For more information about Medicare, you may wish to contact Medicare directly at **1-800-MEDICARE** (1-800-633-4227) or visit www.medicare.gov.



Scan the QR code to see if your health plan is on the list.



Scan the QR code to pay your bill.

If you're on Medicare, you qualify for a no-cost Annual Wellness Visit (AWV), which is not the same as a physical. When scheduling, specifically request an Annual Wellness Visit to ensure Medicare covers the service. You may be responsible to pay for any services outside of the Annual Wellness Visit during your appointment. Ask about costs before your visit. For more details, call the member services phone number typically found on the back of your insurance card.

Is there a fee if I cancel my appointment? We understand that sometimes you can't make it to your planned appointments. You can avoid cancellation fees by letting us know when plans change. Optum Medical Care requires a 24-hour cancellation notice for all scheduled appointments. The following fees will be charged if notice is not given, or is less than 24 hours in advance:

- \$25 for an office visit
- \$100 for a procedure

What if I have other questions? You can email our billing team at billinginquiries@crystalrunhealthcare.com or call **1-844-259-5944**. You can also utilize the billing chat feature found within your billing portal at epicmychart.optum/mychart

Billing terms

Out-of-pocket cost

A cost that you are responsible for paying.

Deductible*

The amount you pay out-of-pocket for certain covered health care services before your health plan starts to pay. Each time you pay costs that count toward your deductible, it adds to the total amount you have to pay for that year. When you reach the total deductible amount, your health plan will start to pay a portion of certain health care services for the rest of the plan year.

For example, if your deductible is \$1000, your plan won't pay for most services until you've met your \$1000 deductible. However, some services, like preventive care, might be covered by your health plan even before you meet your deductible.

Coinsurance*

A percentage (for example, 20%) of the allowed amount for the covered service. You generally pay coinsurance plus any deductibles you owe.

For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount, in this example \$80.

Coordination of Benefits (COB)

Coordination of benefits (COB) is the process of designating one plan as primary and the other as secondary when a person has more than one insurance plan. COB ensures medical expenses are paid accurately, preventing overpayment and ensuring you aren't billed more than the actual cost of the services. For more information, call the member services phone number on your insurance card.

* Your coinsurance and deductible may vary by plan or service. These examples are for illustrative purposes only. Please refer to your official plan documents for coverage details.

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