

Common Healthcare Terms

Authorization/

Pre-Authorization: Process by which medical care or a specific service is approved by a healthcare reimbursement source.

Coinsurance/Copayment: Amount you pay to share the cost of covered services after your deductible has been paid.

Deductible: The amount of money you must pay each year to cover eligible medical expenses before your insurance plan starts paying.

Excluded Services: Healthcare services that your health insurance plan does not pay for or cover.

Explanation of benefits (EOB): Health insurance plan's detailed description of how a medical claim was paid.

In-Network/Participating Provider:

Any physician, hospital, pharmacy, laboratory, or other diagnostic center under contract with the health plan to provide services to members at a specified cost.

Health Maintenance Organization

(HMO): All health services are delivered through a network of providers and facilities. Most will require a referral before you can see a specialist.

Out-of-Pocket Costs: Healthcare costs that are not covered by insurance, such as copayments, coinsurance, and deductibles.

Preferred Provider Organization

(PPO): Allows you to choose your physician. Referrals to see specialists are not required. The cost of a network provider is less than out-of-network.

Patient Responsibility: The amount a patient owes a physician or hospital after the insurance plan pays for their portion of the medical expenses.

Preventive Care: Care received to help avoid or detect illness before it occurs, such as routine physicals, well baby care, or annual gynecological exams.

Primary Care Physician (PCP):

Directly provides or coordinates a range of healthcare services for a patient.

PHR Must Haves

When creating your Personal Health Record (PHR) be sure to include:

- Physician(s) contact information
- Emergency contact information
- All previous significant illnesses with dates
- Dates and locations of all hospitalizations and surgical procedures
- Immunization history



Managing Your Personal Health Information for College Students

Understanding your health information rights and responsibilities



AHIMA CONSUMER HEALTH INFORMATION BILL OF RIGHTS

A Model for Protecting Health Information Principles



You have the right to:

1. Look at your health information and/or get a paper or electronic copy of it
2. Accurate and complete health information
3. Ask for changes to your health information
4. Know how your health information is used or shared and who has received it
5. Ask for limitations on the use and release of your health information
6. Expect your health information is private and secure
7. Be informed about privacy and security breaches of your health information
8. File a complaint or report a violation regarding your health information

Helpful Links

www.healthit.gov/patients-families

www.healthit.gov/providers-professionals/faqs/what-personal-health-record



AHIMA.org
233 N. Michigan Avenue, 21st Floor
Chicago, IL 60601

How To...

Complete Health History: Physicians and hospitals need to know about previous illnesses, hospitalizations, and surgical procedures, as this information may impact your current treatment. This includes dates and locations of treatment.

Order Medication Refills: Be sure to order refills with sufficient advance notice in case your physician needs to be contacted by the pharmacy. Do not wait until you are completely out of a medication. Many pharmacies have an app that allows you to scan the bar code on your bottle to order refills.

Request Copy of Health Records: Contact your physician to ask for a patient request form. You will be asked to provide a photo ID and there may be a charge for copies of your records. You will be asked to provide details on the information you are requesting. There may be a waiting period before you can get the records.

Request Copy of Immunization Record: You can start with your parent, legal guardian, local public health department, and/or primary care physician.

Contact Insurance: Be sure to have your insurance card in front of you when you call. You will be asked to provide your ID number and specific information about service dates and physician.

Make Appointments: You may be asked to provide insurance information if it is your first visit. Be aware that you may not be able to get an immediate appointment. If you need to see a specialist, check with your insurance plan to find out if they require a referral from your primary care physician.