

# Insurance, deductibles, copays — what you'll actually pay

Getting the bill shouldn't be the confusing part. Here's how one visit travels from our front desk to your insurance and back — and what each word along the way means.

Sample

## Urgent Assessment

Sample figures only — your plan sets your real numbers.

| SHFT BEHAVIORAL HEALTH · STATEMENT                                                                                                                       |                       |                                    |                    | Page 1 of 1 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|--------------------|-------------|
| Patient: <b>Sample Client</b>                                                                                                                            |                       | Date of service: <b>10/14/2026</b> |                    |             |
| Provider: <b>SHFT clinician</b>                                                                                                                          |                       | Insurance: <b>Your plan</b>        |                    |             |
| DESCRIPTION                                                                                                                                              |                       | AMOUNT                             |                    |             |
| Charge                                                                                                                                                   |                       | \$329.00                           |                    |             |
| On your EOB: Billed, Amount billed                                                                                                                       |                       |                                    |                    |             |
| Plan adjustment                                                                                                                                          |                       | – \$79.00                          |                    |             |
| Discount your plan negotiated — you don't owe this                                                                                                       |                       |                                    |                    |             |
| On your EOB: Contractual adjustment, Not your responsibility                                                                                             |                       |                                    |                    |             |
| Allowed amount                                                                                                                                           |                       | \$250.00                           |                    |             |
| On your EOB: Allowed, Plan allowance                                                                                                                     |                       |                                    |                    |             |
| YOUR PLAN TYPE                                                                                                                                           | DEDUCTIBLE<br>NOT MET | COPAY                              | COINSURANCE<br>20% |             |
| Insurance pays                                                                                                                                           | \$0.00                | \$220.00                           | \$200.00           |             |
| On your EOB: Paid, Plan paid                                                                                                                             |                       |                                    |                    |             |
| You owe                                                                                                                                                  | \$250.00              | \$30.00                            | \$50.00            |             |
| On your EOB: Patient responsibility                                                                                                                      |                       |                                    |                    |             |
| Your plan decides which column applies to you. Deductible payments all count toward your yearly deductible — on your EOB: Deduct, Applied to deductible. |                       |                                    |                    |             |

### THE WORDS ON YOUR BILL

#### Charge

The full price of a visit before insurance gets involved.

#### Allowed amount

What your plan agreed to pay SHFT for a visit. Usually less than the charge.

#### Deductible

What you pay each plan year before insurance starts paying its share.

#### Copay

A flat fee per visit — like \$30. Usually paid at check-in.

#### Coinsurance

Your share, as a percentage, once your deductible is met — say, 20%.

#### Patient responsibility

Your total share of a visit — deductible, copay and coinsurance combined.

### HOW A CLAIM GETS PROCESSED

#### 1 YOUR VISIT

You see your clinician. If your plan has a copay, you pay it at check-in.



#### 2 WE SEND THE CLAIM

SHFT sends your insurance a claim: what we did and our charge.



#### 3 YOUR PLAN DOES THE MATH

It applies your deductible, copay or coinsurance and decides who pays what.



#### 4 YOU GET AN EOB

Insurance sends you an Explanation of Benefits (EOB): what it paid, what you owe. It is not a bill.



#### 5 WE BILL YOUR SHARE

Once insurance pays SHFT its part, we charge the card on file for yours and send a receipt.

### MISSED APPOINTMENTS

Cancel inside 24 hours and there's a \$75 fee (\$35 on sliding scale). Insurance doesn't cover this, it's billed to you.

### NO INSURANCE, OR OUT OF NETWORK?

Ask about cash pay and sliding scale. You can request a written Good Faith Estimate of your costs before any visit.

### CONFUSED BY A BILL OR EOB?

Direct questions to [billing@shftbh.com](mailto:billing@shftbh.com) or give us a call at 312-757-1001. We'll walk through it with you.