


How Sidecar Health works for providers

Modern, common sense health insurance

This patient is insured as a Sidecar Health member. Our members receive fixed Benefit Amounts based on CPT/DRG/NDC codes and pay for non-emergency care directly at time of service.


sidecar health.
ODI

John Smith
ID US920519857
ACA Bronze plan
Effective Jan 1, 2022 - Dec 21, 2022

Deductible	Max out-of-pocket
\$500	\$500

Provider eligibility	Referrals/Pre-auths
Any licensed provider	Not required

WHAT TO CHARGE
For non-emergency services
Charge our members your self-pay price including related discounts. Members use the Sidecar Health VISA benefit card to pay in full at point-of-service for services up to \$2,000. For services over \$2,000, see details below.
For emergency & Labcorp services
Do not charge our member. Submit claims directly to Sidecar Health for processing.

HOW TO SUBMIT A CLAIM

For non-emergency claims

1. After our member pays for services, provide them with an itemized medical invoice including the details below.
2. The member will submit this invoice to Sidecar Health in their member app.
3. Once the invoice is received, Sidecar Health will process the claim and settle all balances with the member directly.

For emergency & Labcorp claims

Mail to Sidecar Health, Attn Claims
340 S Lemon Ave, #7028, Walnut, CA 91789

MEDICAL INVOICE REQUIREMENTS

- Patient's full name
- Provider's name, address, and NPI
- Date(s) of service
- Amount charged for each service
- CPT/DRG/NDC code for each service
- Reason for care (ICD-10 diagnosis codes)

HAVE QUESTIONS?

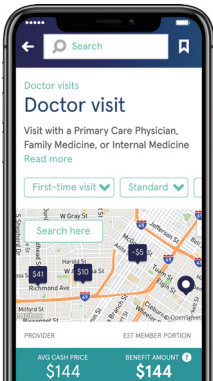
Call us at 877-653-6440
Or visit sidecarhealth.com/providers

Example. ID cards vary by plan type.

Registration and billing

1 Providers set their own pricing

- Providers are empowered to set their own pricing and are encouraged to give cash-pay discounts to our members



2 Pre-visit, eligibility and intake

- If needed, request copy of patient's digital, member ID card*
- If requested, please provide patient with an itemized good faith estimate of expected care
- Patient will determine eligibility directly through the Sidecar Health app or calling Member Care
- Recognize patient as insured by Sidecar Health

3 Billing and claims

- Collect payment directly from the patient:
 - Preferably at or before time of service or
 - Through an established self-pay method
- Provide patient with claim form (UB-04 or 1500) or an itemized medical invoice (refer to member ID card)

Card swipe limit

The Sidecar Health VISA benefit card has a swipe limit that varies by plan. If a claim exceeds the card swipe limit, the member must first submit an itemized pre-bill/good faith estimate to temporarily increase to the swipe limit.

Claims

Sidecar Health relies on itemized medical invoice (superbill) details to reconcile benefits with their members. Providers can supply this by giving claim form (UB-04 or 1500) or an itemized medical invoice directly to the patient.

Frequently asked questions

Step 1

Set pricing for Sidecar Health members

How do I determine my self-pay price?

Members search for care using the Sidecar Health app. We recommend charging the self-pay price minus relevant discounts.



Need help determining your pricing?

Our provider engagement team would be happy to consult you on market pricing in your area. Just drop a note and email provider@sidecarhealth.com.

Step 2

Pre-visit, eligibility, and intake

How do I check for patient eligibility?

Sidecar Health members can see any doctor. There are no networks, so no eligibility check pre-authorization required from the provider. And there are no copays or coinsurance to calculate.

What is a pre-bill and how does it relate to a good faith estimate?

A good faith estimate will usually meet the requirements of a pre-bill. The Sidecar Health VISA benefit card has a default swipe limit. If the member expects the transaction amount will exceed the swipe limit, they will request an itemized pre-bill/estimate to submit to Sidecar Health. The transaction amount will temporarily increase to an amount determined by services on the pre-bill/estimate.

Here's what should be included in a pre-bill/estimate:

- Patient's full name
- Provider's name, address and NPI
- Date of service
- Itemized charge amounts
- Procedure codes (CPT/HCPCS)
- Diagnosis codes (ICD-10)

Step 3

Billing and Claims

What is the patient copay or co-insurance?

Providers are not responsible for collecting a copay or co-insurance, but are responsible for collecting payment in full from members directly. Our members receive fixed benefits called a Benefit Amount, found in their app, based on the CPT/DRG/NDC codes submitted. If a provider's price is more than the Benefit Amount, the patient is responsible for the difference, if it is less, the patient receives a credit for the difference. In cases where a patient is responsible for amounts over the Benefit Amount, the patient will pay in full at time of service and Sidecar Health will settle the balance due directly with the member.

What happens when a member has a deductible? Will I still receive full payment at time of service?

Sidecar Health will reconcile the deductible directly with the member. Providers will be responsible for collecting payment in full at the time of service in non-emergency situations. Once a member uploads their itemized medical invoice, Sidecar Health will process the invoice. Balances will be settled by Sidecar Health directly with the patient.