

Understanding Your Bill



Take Charge of Your Payments

The hospital billing process may seem complicated, but you can feel more in control by knowing exactly what your bill covers. For example, if you stay overnight, you can expect to see charges for your room, meals, 24-hour nursing care and medicines. The bill also will show charges for any special services, such as X-rays and lab tests. You'll receive bills for doctors, surgeons and specialists separately from the hospital.

Medicare

If you have Medicare, you'll have to fill out an MSP (Medicare Secondary Payer) form. This ensures that Medicare only pays for services not covered by other insurance you may have. If you have secondary insurance, this usually covers Medicare deductibles. If you don't have secondary insurance, you need to pay these amounts yourself. Also be sure to read your quarterly MSNs (Medicare Summary Notices) to review:

- ◆ the amount your doctor(s) charged
- ◆ the amount Medicare approved and paid
- ◆ the amount you owe
- ◆ your current deductible status

If you have questions, call the customer service number listed on your statement.

Commonly Confused Terms

- **Deductible:** The amount you owe each year before your insurance begins making payments.
- **Co-payment:** A flat fee you pay for a specific service, usually due at the time of service.
- **Coinsurance:** The portion of your medical expenses that you're personally responsible for paying. For example, your insurance may cover 80 percent of a bill, while you have to pay the remaining 20 percent.

Keeping Track

One of the key ways to feel well-informed and less overwhelmed about the hospital billing process is to stay organized. Keep all of your statements and bills together and review each one as it arrives.

Understanding Your Bill CONTINUED



Understanding Coordination of Benefits (COB)

COBs happen when you're covered under two or more insurance companies. This may occur when spouses or partners are listed on each other's insurance policies, or when both parents carry their children on their individual policies.

To prevent duplicate payments, COBs determine the primary payer. You choose who this is when you're admitted. Insurance companies usually request completed COBs from you before paying a claim, so make sure you address these requests quickly.

Commercial Insurance Providers

If you use a commercial insurance provider, then the hospital forwards your claim based on the information you provide at registration. About a month after you leave the hospital, you'll get an explanation of benefits (EOB) statement from your insurance provider. This isn't a bill. EOBs show:

- ◆ the amount billed by your doctor or hospital
- ◆ how much of that cost is covered by your insurance
- ◆ how much you owe

Review this and all other bill-related documents carefully. If you have questions, contact your doctor or the customer service number listed on the statement.

Self-Pay Patients and Payment Arrangements

If you're planning to pay your bills without help from Medicare or a commercial insurance provider, then you'll get bills directly from the hospital. When the first bill arrives, call the hospital's financial services department to set up a payment plan.

Communicate with the financial services department as soon as possible. If you don't set up a payment plan, or if you stop making payments, then your account may be placed with a collection agency. The hospital wants to work with you, so reach out with any questions or concerns you have.

Need Help?

If you don't understand something on your bill, or if you're having trouble paying your bills, let us know. A patient representative can work with you and guide you to services that can help.