



Important Changes to Your Clinic Bill

We want to alert you to changes that you may notice on your bill when you come to some of the clinics at Mason General Hospital & Family of Clinics (MGHFC). Below is a list of the frequently asked questions to further assist you with understanding provider-based billing.

Receiving care at Mason General Hospital & Family of Clinics' Provider-Based locations, also known as Hospital Outpatient Departments, will result in a hospital facility charge as well as a professional or physician charge for outpatient services and/or procedures. These charges will be reflected on the patient statement you receive for services provided.

Depending on a patient's specific insurance coverage, it is possible that some benefits may differ for these services and procedures.

Patients are advised to review their insurance benefits or contact their insurance provider to determine what their policy will cover and identify any out-of-pocket expenses.

Frequently Asked Questions about "Provider-Based" or "Hospital Outpatient" billing

Q: What is a facility charge?

A: A facility charge includes hospital expenses for a clinic visit that are separate from the cost of the medical provider. You will continue to receive a separate charge from your medical provider for their services. The facility charge includes costs for running the "facility" like supplies, equipment, exam rooms and other MGHFC staff.

Q: What are Mason General Hospital & Family of Clinics' provider-based or hospital outpatient locations?

A: The following Mason General Hospital & Family of Clinics locations are all licensed as hospital based services:

- * Mason General Hospital Eye Clinic
- * Mason General Hospital Family Health
- * Mason General Hospital Ankle and Foot
- * Mason General Hospital Orthopedics
- * Mason General Hospital Surgery Clinic

Other locations may be included as Mason General Hospital & Family of Clinics continues to expand services to meet patient needs.

Q: What does 'provider-based' or 'hospital outpatient' mean?

A: "Provider-based" or "hospital outpatient" refers to the billing process for services rendered in a hospital outpatient clinic or location. This is the national model of practice for integrated delivery systems where the hospital owns space and employs personnel involved in patient care.

This benefits patients as all hospital departments (including the clinics) are subject to rigorous quality standards and are monitored by The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 17,000 health care organizations and programs in the United States.

Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

Q: How does this affect billing?

A: If you are a Medicare enrollee, under this model patients will receive more than one line item charge with line item(s) that represent facility charge(s) and line item(s) that represent professional or physician charge(s). Previously, all charges were grouped together on your physician billing statement.

Q: Does this mean patients will pay more for services?

A: Depending on each patient's particular insurance coverage, it is possible benefits may differ for certain outpatient services and procedures at provider-based/hospital outpatient locations. We recommend patients review their insurance benefits or contact their insurance provider to determine what their policy will pay and what out-of-pocket expenses they may incur based on the location of the services provided.

Mason General Hospital & Family of Clinics has made every effort to split these two separate charges in a manner that will minimize the impact on Medicare and Medicaid beneficiaries' out-of-pocket expenses.

Q: Does this affect patient co-pays or deductibles?

A: Depending on each patient's specific insurance benefits, deductible, co-insurance and copayments may be applied for provider-based services.

Q: What if a Medicare patient has secondary insurance coverage?

A: Coinsurance and deductibles may be covered by a secondary insurance policy. We'd encourage you to check with your benefits or insurance company for details related to your secondary coverage. For instance, you may ask whether the secondary insurance company covers facility charges or provider-based billing. If it does, ask what percentage of the charge is covered. Verify what your hospital outpatient insurance benefits are, as these typically are applied toward your deductible and coinsurance.

Q: What can patients do if they are having difficulty paying for healthcare services?

A: Mason General Hospital & Family of Clinics offers discounting and charity policies to help qualifying patients. Detailed information is available by calling the Mason General Hospital & Family of Clinics Business Office at (360) 427-3439.