

PROVIDER-BASED BILLING

The information contained on this page pertains to Medicare patients only.

Thank you for choosing Hugh Chatham Health as your healthcare provider. You are visiting a physician practice which functions as a department of the hospital to assist our ability to provide you with a remarkable patient experience. We are committed to being the best community healthcare system in the nation by providing you with the highest level of care.

Medicare has designated our outpatient practices as “Provider-Based” facilities. This benefits patients as all departments of the hospital 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.

How does "Provider-Based" affect my billing?

As healthcare recipients, this designation affects the way your services are billed to Medicare. Receiving care at one of our “Provider-Based” locations will result in a 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. You will also receive two Medicare Summary Notices, we understand that this may seem complicated and apologize in advance for any confusion this may cause.

Once Medicare has processed their portion of the charges, the balance will be submitted to any secondary payer. If there is a balance after the secondary insurance processes the claim, or if you do not have secondary insurance, you will receive a bill for the remaining balance.

Estimate of your financial responsibility:

The actual amounts will vary based on the type and number of services received. For instance some tests and procedures have higher coinsurance amounts due to their complexity.

An estimate of coinsurance amounts for an office visit:

Part A (facility): \$10 to \$26

Part B (professional): \$2 to \$37

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. For more information or questions regarding “Provider-Based” billing, please contact our Physician Billing Representative at (336) 527-3373.

Your signature below indicates that you have received this information, understand that you will incur a liability to the hospital, and have been given the opportunity to have your questions answered.

PATIENT SIGNATURE: _____

