



Medicare Co-Insurance Liability Notice

Our practice is a "Provider-Based" department of St. John Hospital and Medical Center and complies with rules established by the Centers for Medicare & Medicaid Services (CMS) for Provider-Based departments. These rules require that we provide you with a notice of your potential financial liability for the hospital services you will receive at this location.

Q: What does 'provider-based' mean?

A: "Provider-based" means this location is a hospital outpatient department and services rendered here are billed as hospital outpatient department services. This is a common model for large, integrated delivery systems like St. John Providence Health System, where the hospital owns space and employs the staff who work in the department.

This model benefits our 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. The 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 the billing process?

A: This designation means the billing for services will be done as a hospital outpatient department and that you may receive two separate bills. Because care is provided in a department of the hospital, patients will receive a bill from the hospital, as well as a separate bill for the professional services provided by their physician. This also includes any professional fees for physicians who interpret the results of diagnostic tests. Patients are responsible for the total co-insurance amount on the services they receive.

Q: What is "co-insurance"?

A: "Co-insurance" is when the cost of your medical care is split between you and your health insurance company on a percentage basis. For example, you may be responsible for paying 20% of the cost of service, and your plan covers the remaining 80% of the costs of service. These co-insurance amounts are determined by Medicare and your health insurance company, and are based on the services performed. Patients are encouraged to check with their insurance provider and ask about their benefits for outpatient hospital services.

CMS rules applicable to Provider-Based departments require that we provide you with an estimate of your co-insurance amounts. This estimate is based on typical and average charges for visits to our facility.

Please note, however, that your exact co-insurance amounts will vary based on the type and number of services you have received at our department.

Example of average co-insurance amounts:

	Facility Fee	Professional Fee	Total Co-insurance
Moderate Treatment	\$21.32	\$10.57	\$31.89
Severe Treatment	\$21.32	\$23.04	\$44.36