



Hospital-Based Facility Questions & Answers

What fees will I be charged?

Hospital-based facilities bill for services in two parts - facility fees and professional fees. Therefore, you will receive a bill for facility services, which include charges such as diagnostic tests and supplies. You will also receive a bill for the professional or physician fees.

Medicare requires that we provide beneficiaries with an estimate of coinsurance amounts. These amounts will vary based on the type and number of services received.

Estimate of coinsurance amounts:

<u>Service:</u>	<u>Facility:</u>	<u>Professional:</u>
Chest X-ray	\$13	\$2
Pelvic Ultrasound	\$63	\$7
CT Abdomen	\$116	\$19

What do the fees cover?

A facility charge includes hospital expenses that are separate from the cost of the medical provider. The facility charge includes the costs of running the facility, such as, supplies, equipment, exam rooms and other staff. This is standard practice for hospital-based facilities, as they are subject to additional regulatory requirements and expenses associated with operating under a hospital license.

Benefits of Hospital-Based Care

Hospital-based care offers the following advantages:

- Maintains performance standards through Joint Commission accreditation
- Ensures continued high standards for safety and quality of care
- Ensures consistency in the delivery of care
- Supports state-of-the-art facilities

Questions About Insurance Coverage and Financial Assistance

For detailed information regarding specific coverage under your plan and how hospital-based billing may impact you, please contact your employer's benefits administrator, your insurance company, or Medicare at 1.800.MEDICARE (1.800.633.4227). If you have further questions about your billing or would like information on financial assistance, please contact us at 425.899.1600.