

MEDICARE BENEFITS

“Medical Necessity” is a term that has been used in recent years by Medicare and may not be familiar to you. “Medical Necessity” means that there are procedures and services physicians may prescribe for you that they may feel are necessary to manage your health. However, Medicare may not pay for certain services based upon their policies.

In the past, Medicare has covered most procedures. With the emergence of MRI, CT Scan, and other sophisticated and costly services and procedures as the diagnostic methods of choice, it is important for you to know what procedures and services will be covered by asking your physicians and/or Medicare. We also encourage you to discuss with your physicians other treatment options available to you that may give them the information that they need to treat you.

If your physician orders a procedure or service that Medicare may not cover, you may be asked to sign an **Advance Beneficiary Notice (ABN)**. The ABN informs you in advance that Medicare is not likely to pay for the procedure or service, and that you will be responsible for payment. By signing the ABN, you are indicating that you understand and agree to be personally and fully responsible for payment.

DO YOU HAVE ANY OPTIONS?

You can agree to be financially responsible for the procedure by signing the ABN form, or you can refuse the tests or services. If you refuse the tests or services, you will also be asked to sign a form indicating you’ve elected not to have the service. If you request the services and will not sign the ABN, you will still be responsible for payment.

If you need services that are not covered by Medicare, you will be responsible for payment. You have the right to appeal a Medicare decision not in your favor. If you would like to appeal a Medicare decision or have other Medicare questions, please contact the Medicare beneficiary hotline at 800-633-4227.

PAYMENT OPTIONS

Lenoir Memorial Hospital offers these payment options:

- ◆ Cash
- ◆ Check/Money Order
- ◆ Debit Cards
- ◆ Credit Cards: Visa, Master Card, American Express and Discover

If you are concerned about your hospital bill, Lenoir Memorial Hospital has other options, which we can discuss with you, such as payment arrangements or assistance through our Financial Assistance Program.

CONTACTS & PHONE NUMBERS

For Customer Service in Billing, the hours of operation are 8:30 a.m. to 5:00 p.m., Monday through Friday. We can be reached at 252-522-7689 or 252-522-7018.

SERVICES NOT BILLED BY LENOIR MEMORIAL HOSPITAL

During your hospital stay, you may receive treatment from providers who will bill separately for their services. Lenoir Memorial Hospital will give your insurance information to these providers. If you have any questions about their bills, contact them directly.

Examples (partial listing) of separately billed services:

- ◆ Your physician/surgeon
- ◆ Other consulting physicians’ fees
- ◆ Emergency physicians
(Physicians who provided emergency room services)
- ◆ Radiologists
(Physicians who read and review X-rays)
- ◆ Anesthesiologists
- ◆ Ambulance services
- ◆ Durable Medical Equipment (DME) providers
- ◆ Pathologist
- ◆ Cardiologist
- ◆ Neurologist

PATIENT FINANCIAL HEALTH GUIDELINES

Guia Financiera para la salud del paciente

WHAT YOU NEED TO KNOW ABOUT PAYING FOR YOUR HEALTH SERVICES

Lo que usted necesita saber acerca de sus pagos por servicios medicos



Lenoir Memorial
Hospital

100 Airport Road
Kinston, NC 28501
252-522-7000

Para asistencia en español:
252-522-7035

WWW.LENOIRMEMORIAL.ORG

HELPFUL INFORMATION ABOUT YOUR HOSPITAL BILL

Hospital billing can be confusing. We hope that this brochure answers some of the questions that you may have regarding the financial aspect of your hospital visit. Lenoir Memorial Hospital wants to provide you with very good “financial care.”

PAL's

Our Patient Account Liaisons (PALs) are professionally trained financial counselors who are available to assist you with your “financial care” questions. Please do not hesitate to ask for them while you are here.

HEALTH INSURANCE BILLING

Lenoir Memorial Hospital will submit a claim to each of your health insurance carriers. This includes Medicare supplemental policies. Please note the following prior to your service admission:

INSURANCE CARDS

You will need to present your insurance card(s) at the time of service. The information on the card(s) is important for correct identification of your insurance carrier and in receiving the proper payment for services.

SELF-PAYING OR SELF-FILING

Patients who do not carry insurance coverage, who are unable to provide Lenoir Memorial Hospital with adequate filing information, or who wish to file their own insurance claims must either pay Lenoir Memorial Hospital in full at the time they receive services or make satisfactory alternative payment arrangements. Examples of self-filing are motor vehicle accidents or personal injury claims.



WORKER'S COMPENSATION

If services you are requesting are the result of a work-related injury, Lenoir Memorial Hospital will bill your employer or your employer's liability carrier. We will also ask for your health insurance information in the event that Worker's Compensation denies the claim or does not cover all of the charges. Written authorizations are sometimes necessary.



PAST DUE ACCOUNTS

If your account becomes past due, Lenoir Memorial Hospital, like all other hospitals, will take appropriate action to recover the amount due. If there is a problem with your account, it is your responsibility to contact the Business Office to discuss a workable solution. Certain circumstances occasionally may make it difficult to pay your bills on time; therefore, extended payment plans may be arranged through the Business Office.

WHEN SERVICES ARE NOT COVERED

Insurance companies may not pay for all medical services. When a service, or any portion of the service, is not covered under your insurance policy, you are responsible for paying the bill or any balance due.

GLOSSARY OF TERMS

Coinsurance. The share of your covered expenses, usually a percentage, you must pay after the deductible is reached. For example, a policy may require you to pay 20% of the cost of the services you receive up to a certain dollar amount. Sometimes referred to as copayment.

Copayment. A specified dollar amount you pay when you see a doctor or use outpatient services. It's paid to the provider at the time service is rendered. Your copayment is determined by your insurance plan.

Deductible. The initial amount of covered expenses you will have to pay before benefits are paid under your policy.

Fee-for-Service. A method of charging under which a physician or other provider bills for each visit or service.

Health Maintenance Organization (HMO).

A type of managed care plan that contracts with select physicians, hospitals, and other providers to provide care for enrollees. In an HMO, you usually must receive all of your care from the providers in the network for your services to be covered.

Medicaid/Medical Assistance. A government program that provides healthcare coverage for low-income individuals and families.

Point of Service (POS). A type of managed plan that allows HMO members to seek care from non-HMO physicians, but the premiums for POS plans are much more costly than those for traditional HMOs which restrict choice of physician.

Pre-admission Certification/Prior Authorization.

A written OK from your health plan that certain services provided by the hospital will be covered by your health plan.

Preferred Provider Organization (PPO).

A type of managed care plan that contracts with select physicians, hospitals, and other providers to provide care for enrollees under negotiated price discounts.

Premium. A periodic payment made by a policy holder (employer, individual) for the cost of insurance.

Referral. A written OK from your primary care doctor for you to see a specialist or receive certain services.

PATIENT FINANCIAL RESPONSIBILITIES

HEALTH INSURANCE

Lenoir Memorial Hospital will submit a claim to your insurance company provided you supply all the required information, and benefits are assigned to Lenoir Memorial Hospital. You are responsible for any portion of charges not covered by your insurance and payment is expected at or prior to the time of service. If you have not paid at the time of service, all amounts billed to you are payable upon receipt of the statement. Delayed insurance payments do not relieve patients of their obligation to pay balances when due.

HMO, POS, OR PPO INSURANCE

Patients with HMO, POS, or PPO coverage are responsible for paying any co-payment, deductibles, co-insurance, or fees for non-covered services at the time the services are rendered. Full payment of co-pays is requested before services are rendered. To help you get the most from your health plan, Lenoir Memorial Hospital encourages you to familiarize yourself with your insurance plan's requirements prior to seeking care. Since your employers negotiate their own contracts with insurance companies, plans can differ significantly. Each patient has a responsibility to know and understand his or her individual benefit package.

A common example is a \$50.00 co-pay that a number of Lenoir Memorial Hospital contracted payers have for emergency room visits. Your plan may be higher or lower than our example.