



FREQUENTLY ASKED QUESTIONS

How do I know if Marion Health is contracted with my health plan?

To receive full insurance benefits, some health plans require patients to receive services at an “in-network” or “participating” hospital. Please call your health plan to verify its requirements and to be sure our hospital is in your network.

What if Marion Health is “out-of-network”, can I still go there?

In an emergency you should go to the closest hospital. Your health plan will generally cover these costs or transfer you to an “in-network” hospital if it is safe to do so. If you elect to go to an “out-of-network” hospital in a non-emergency, you may be required to pay a larger deductible or a greater portion of your bill. Be sure you understand your “out-of-network” options with your health plan.

How can I be sure my health plan will pay my hospital bills?

Some health plans require a patient to pre-certify certain services, or to notify them within a certain period of time after becoming hospitalized. If your hospitalization is not an emergency, we encourage you to review and understand your health plan benefits. (On elective procedures you should talk to your physician and your health plan about coverage.) Please discuss any health plan eligibility or payments concerns with us at registration so that a financial counselor can assist you.

How will I know how much I owe?

Your health plan will send you an “Explanation of Benefits” notice which provides the amount it has paid, any non-covered or denied amounts and the remaining balance that you owe. Please review this carefully and call your health plan or the hospital immediately if you have questions or concerns. Marion Health will also send you a bill for any remaining amount due. Many health plans have a co-payment or deductible amount that the patient must pay. You may be asked for payment of this amount at registration or discharge from the hospital.

What if I don't have a health plan?

Be assured that emergency services will never be delayed or withheld on the basis of a patient's ability to pay. If you do not have health plan, please call us at **765-660-6100** and we will review payment options which could include State funding and assistance programs.

Marion Health Diagnostics is located at 441 North Wabash Avenue, Marion, Indiana with satellite locations at:

- 330 Building
- Northwood
- Gas City
- South Marion Medical Park

CUSTOMER SERVICE

The Patient Financial Services Department is available to assist you with any questions concerning your hospital bill.
(765) 660-6100

OUR MISSION

“Marion Health exists to transform the health of our community through patient-centered, high quality, affordable care.”

OUR VALUES

- Quality
- Patient Service Excellence
- Effective Communication
- Resource Management
- Teamwork
- Community Driven



Patient Financial Services

441 N. Wabash Avenue
Marion, IN 46952
(765) 660-6100



**MARION
HEALTH**

Understanding Hospital Bills and Insurance

We are your advocate





THANK YOU for choosing Marion Health as your healthcare provider. Our mission is to deliver quality and compassionate health care to you and your family. We also understand that hospital bills and health insurance claims can be confusing. To ensure the success of this mission we must be financially responsible. We take a positive and proactive approach to patient billing and collections with the goal of receiving payment for services rendered in the most efficient, timely and customer oriented manner possible. We also understand that billing and collections for health care services can be confusing. With that in mind, we have created this brochure to help you better understand billing issues.

WHAT WE WILL DO FOR YOU:

1. We will bill your health plan on your behalf shortly after health care services have been rendered, including Medicare and Medicaid, provided correct information is provided to us at time of service or shortly thereafter. If you have a second health plan, we will bill it after your first health plan processes your bill.
2. Once your health plan has resolved its portion, you will receive regular, easy-to-read, statements showing the most current balance due.

3. You will have access to our automated telephone system which can be reached at **765-660-6100** to assist you with billing and payment issues. Representatives will assist you or family members with questions concerning health plan benefits, hospital charges, payment options, and financial assistance programs.

4. At Marion Health all patients will be treated with dignity and respect, regardless of your ability to pay.

5. Marion Health has a patient assistance program which can help uninsured or underinsured patients. Please see on-line application at marionhealth.com.

WHAT YOU MUST DO TO HELP US:

Provide us with complete health insurance information upon registration. This includes presenting a driver's license or ID, all health plan cards, and authorization forms. If you have been at Marion Health before, please inform us if your personal information or health plan has changed since your last visit.

Please understand and comply with the requirements of your health plan by knowing your benefits, obtaining proper authorization for services, submitting referral or claim forms or completing a coordination of benefits form as your health plan may require. If you are scheduled for outpatient services, please bring your physician's order that includes your diagnosis or signs and symptoms, or be sure your physician has faxed it to the hospital prior to your arrival.

Please respond promptly to requests you receive from your health plan.

While we will attempt to provide all information and paperwork to your health plan, sometimes they require a response from you to resolve issues related to your account or health plan coverage. If your health plan has not made payment within a reasonable period of time (usually 60 days after billing) and has not responded to our attempts to resolve payment matters on your behalf, the balance owed will become your responsibility to pay.

Please call us if you have any questions or concerns about a bill. The best number to call is always the number on the bill you are inquiring about. Your physician may have ordered tests or procedures that your health plan does not cover. In these cases, check your health policy plan handbook or call the telephone number on your insurance card for more information.

Please make timely payments on your portion of the bill. Payment for your hospital bill is ultimately your responsibility, with the exception of approved Medicare, Medicaid, and CHAMPUS services. You may be asked to pay at the time of service or prior to discharge if you have a deductible, co-payment or other self-pay amount due, or do not have health plan coverage for your hospital services. For your convenience, Marion Health accepts, cash, personal checks, money orders, Visa, MasterCard and Discover. Interest free extended payment options are available.

Please let us know if you anticipate problems paying your portion of your bill. As a non-for-profit organization we are happy to assist those in need. If you are

having financial difficulties, please let us know. A patient account representative or financial counselor can discuss payment alternatives that may be available to you, including extended payments, government programs, or assistance considerations. To get more information for government or assistance programs, please contact us at **765-660-6100**.

PHYSICIAN BILLS

Marion Health does not include fees for any physician or surgeon services. If your treatment includes the services of a radiologist, pathologist, anesthesiologist or other physician specialist, you will receive a separate bill from these physicians. These providers may be out of network for your insurance. If you want to contact your insurance prior to receiving service, we encourage you to do so. If you have questions regarding any of your physician bills, please call the telephone number printed on the physician's bill for assistance. In addition, if you are seen in the Emergency Room you may be seen by a Physician Assistant or Nurse Practitioner and their services may not be paid under your insurance plan.

MEDICARE RECIPIENTS

If you are Medicare-eligible and are scheduled for outpatient services, please bring your physician's order that includes your diagnosis or signs and symptoms, or be sure that your physician has faxed it to the hospital prior to your arrival. If Medicare does not cover the services ordered, you may be asked to sign a Medicare Advance Beneficiary Notice (ABN) to signify that you have been informed of your payment responsibility.