

Patient Billing and Financial Services

UNDERSTANDING YOUR OBLIGATIONS



THE DRIVE IS *here.*®

BAYHEALTH.ORG



We realize this can be a stressful time for you and your family. We particularly understand how frustrating it can be when you're in a hospital as an inpatient, outpatient or emergency department patient and you're not familiar with our billing processes.

That's why we want to help you understand the issues involved in paying bills as well as the differences between bills you receive from Bayhealth and other providers.

Because billing is handled separately for hospital charges and doctor fees, it's important that you take a moment to read this information carefully. Also be sure to keep this information with your other financial or health records, as it is a handy resource.

Before your visit

Please become familiar with your insurance plan(s) before your visit/appointment. For each visit, remember to bring the following:

- **Photo identification;** if photo identification is not available, please provide two other forms of identification. Acceptable forms of photo identification include a driver's license or other state-issued identification card or a passport/visa. Acceptable types of non-photo identification include employee ID badge, bank card, social security card, or credit card (Note: for identity protection purposes we will not accept two credit cards).
- **All applicable health insurance card(s)**
- **Any applicable auto and workers compensation claim numbers**
- **Signed doctor's requisition (order), authorization and referral forms**
- **Veterans please be sure to have services authorized by the Veterans Administration**
- **Method of payment for any co-payment/coinsurance amounts due**

These items give us an understanding of your insurance coverage and are needed to bill your insurance in an accurate and timely manner. **To protect your identity, service may be postponed if proper identification is not presented at time of registration.** On every visit, we will ask for your photo

identification and health insurance card(s) to ensure accurate billing. This may seem redundant, but it is necessary because insurance coverage often changes between visits.

ANESTHESIA SERVICES

Anesthesia services at Bayhealth are provided by Bay Anesthesia; a non-employed provider group. Bay Anesthesia is out of network with some insurance companies. If you require surgery or an interventional procedure, are delivering a baby or receiving another service that includes anesthesia, please call your insurance company to determine if Bay Anesthesia is in or out of network. You may incur higher costs if they are out of network.

Payment responsibility

At the time of your admission, appointment or service, in addition to presenting a current copy of your insurance card to your Bayhealth registrar, you will be required to pay your co-pay. Additionally, if your insurance company informs us you have a deductible that has not been met or other co-insurance amounts due, we will request the part of your hospital service or physician(s) bills that your insurance plan doesn't cover or make suitable arrangements. In some instances, you may be required to pay the full amount. As a rule, you should refer to your benefit guide before any hospital, clinic or doctor's office visit to find

out what services are covered under your plan, and whether you will be responsible for any part of the payment. Each insurance company/ employer-sponsored plan has different coverage benefits/limitations and specific guidelines for covered vs. non-covered services.

Please note that our Billing Support department will file your claim directly with your primary and secondary insurance providers. If your insurance provider does not respond within 60 days of receipt, we may notify you and ask that you contact your insurance provider immediately.

If you don't have your insurance card with you at the time of your appointment, please provide the insurance information to our Billing Support department at 877-744-7081. If you do not notify us within 36 hours, you may become responsible for the entire bill.

Financial assistance

Bayhealth Medical Center is committed to providing healthcare services to patients in Kent and Sussex counties and surrounding areas regardless of their ability to pay. The Financial Assistance Program (FAP) was established to provide financial relief to those who are unable to meet their obligation to Bayhealth Medical Center, regardless of age, gender, race, national origin, social or immigration status, sexual orientation, or religious affiliation.

Financial Assistance applies to all emergent and medically necessary services provided at Bayhealth owned and operated entities for patients whose income is at or below 250 percent of the Federal Poverty Level. Elective and cosmetic services are excluded under this policy.

Eligibility for the FAP is based on an individual assessment of financial need. Financial assessment includes a review of a completed application; the prior year's tax return or W2, current pay stubs and bank statements; publicly available data that provides information on a patient's ability to pay (credit scoring); and a review of the patient's available funds and other financial resources available to the patient. FAP approved individuals receive a 100 percent discount on patient responsibility balances; this applies to gross charges for uninsured patients and balance after insurance for insured patients. FAP approved patients are not charged more than Amounts Generally Billed (AGB). Patients have 240 days from the first statement date after the care was provided to apply for financial assistance. To speak with someone regarding financial assistance, please contact our Billing Support department at 877-744-7081.

To obtain a copy of the policy and/or application, or to apply for financial assistance, contact our Billing Support office at 877-744-7081 or visit one of the following locations:

Bayhealth Hospital, Kent Campus, 522 South State St., Dover, DE 19901

Bayhealth Hospital, Sussex Campus, 100 Wellness Way, Milford, DE 19963

You may also go to Bayhealth.org/Financial-Assistance-Program to find our complete financial assistance policy and application.

Applications can be mailed or returned in person to one of the locations listed above.

Patients with Limited English Proficiency (LEP) may come to our office at one of the addresses above and we will call the Language Line (800-481-3289) with the patient to have an interpreter assist in communication.

Uninsured admitted patients will be screened for Medicaid eligibility.

Privacy

At Bayhealth, we are committed to the protection of your health information. The privacy rule permits us to use and disclose protected health information for payment purposes. Our "Notice of Privacy Practices" explains your rights and our responsibilities related to payment disclosures and other health information. You can pick up a copy of our privacy notice from any registration site, or you may call the Privacy coordinator at 302-744-6155.

Types of bills

Here is an overview of the different types of bills you can expect to receive, depending on the services provided to you.

INPATIENT BILLS

Patients who are admitted to the hospital (inpatients) will receive multiple bills. One bill will be from the hospital. This bill includes charges for your room, medical supplies and services, and any tests or procedures that you may undergo, including X-rays. You also will receive separate bills from Apogee Physicians and other non-employed physicians that provided services to you during your stay.

OBSTETRICS/ NEWBORN BILLS

Expectant parents have a decision to make related to insurance coverage for the child. If both parents have insurance through their employer, we recommend contacting each employer's Human Resources department to inquire on the process for adding a dependent to your insurance plan. You should complete your insurance discussions prior to your expected delivery date to identify the most cost effective option for you.

Upon delivery, you need to contact your Human Resources department and request to add coverage for your new child. If you have coverage through Medicaid, you will want

to notify your care manager. This ensures that the newborn will be added to your insurance as a covered dependent.

Once you have determined which plan your child will be added to, please contact our Billing Support department at 877-744-7081.

Your preparation and attention in advance will help prevent insurance denials.

Also, in preparation for your delivery, and as anesthesia is typically used in deliveries, please refer to the Before Your Visit: Anesthesia Services section at the beginning of this brochure.

You will receive a bill from the hospital, the OB-GYN physician involved in the delivery and Bay Anesthesia. You will also receive a separate bill from the hospital for the baby and one from the pediatrician for your new child.

OBSERVATION BILLS

Patients who require observation are placed in a normal inpatient setting; however, they have not been formally admitted by a physician, as they don't meet clinical criteria for an inpatient stay. These patients are typically in the hospital one or two nights, while the physician is waiting for test results to determine treatment plans. If the patient's condition does not meet inpatient criteria, they will be discharged.

If you're placed in observation, your insurance company pays the hospital under the outpatient provisions of your benefits, and you will receive bills from Bayhealth Observation Physicians and/or any non-employed physicians who provided care to you. It's important to remember Bayhealth has an obligation to place you in the correct level of care (observation or inpatient) based on your clinical condition and the medical criteria you meet.

SURGERY BILLS

Patients who require surgery will have multiple bills. One bill will be from the hospital. This bill includes charges for the operating room, surgical supplies and services, and any pre-surgery tests or procedures that you may undergo, including X-rays. An additional bill will come from BayAnesthesia. BayAnesthesia is out of network for some insurance plans. Patients should call their insurance company prior to having surgery to determine if Bay Anesthesia is in or out of network. You will also be billed for the physician performing the surgery.

EMERGENCY DEPARTMENT BILLS

Patients seen in an emergency setting will receive multiple bills. Your emergency bill may include charges for your visit as well as any tests or procedures that are done at the time of your visit. You will be billed separately for services

provided by the Emergency Department (ED) physician. These bills will come from Bayhealth Emergency Physicians. It is important to note that bills for Bayhealth Emergency Physicians are sent separately from Bayhealth Hospital bills. The Bayhealth Emergency Physician billing phone number is also separate, 1-855-691-9890.

Recheck visits to the ED may result in additional charges if new symptoms are presented for evaluation.

OBSTETRICAL EMERGENCY DEPARTMENT (OBED) BILLS

Patients seen in the OBED will receive multiple bills. One bill will be from the hospital for the OBED visit and another will be from the OB Hospitalist (physician) who treated you in the OBED.

IMAGING BILLS

Imaging involves X-ray, ultrasound, CAT scan (CT), MRI, MRA, nuclear medicine, and PET. You will receive two bills for Imaging services; one from Bayhealth and one from Kent Diagnostic Radiology (KDR) for the professional interpretation of the scan.

DOCTORS' BILLS

The bill from your doctor(s) will include the cost of medical and surgical care they provide, including review and interpretation of your diagnostic tests. You may receive

multiple bills if more than one physician is involved in your case. Most doctors are independent practitioners and will bill you for their services (i.e., reading X-rays, inpatient physician coverage, consult visits, etc.) Bayhealth does employ doctors for pathology, oncology, neurosurgery, maternal fetal medicine, observation, emergency department, and clinics. If Bayhealth employs the doctors, we'll bill insurance or you for their services either under the name of Bayhealth Medical Center or Bayhealth Physicians.

PROVIDER BASED PRACTICES

Anticoagulation/Pharmacy Clinic, Cardiac Diagnostic Center, Maternal Fetal Medicine, Oncology, and the Diabetes Wellness Center

Bayhealth has several provider based physician group practices whereby the provider service location is considered a department of the hospital. These practice locations outside of the hospital have signs posted advising patients they are receiving care in a provider based location. This is important for patients to know for the following three reasons:

1) As a patient, you may be required to pay a coinsurance for services provided at this facility for diagnostics such as lab or X-ray tests or treatments such as physical, occupational or speech therapy.

2) Unlike a private office setting, you may also receive a second bill for co-insurance for physician services related to this visit. For example, you might receive a bill from the radiologist or pathologist who reviewed your diagnostic test.

3) In summary, you may incur a coinsurance liability to the hospital that you would not incur if the facility were not provider based. At the same time, coinsurance amounts should be consistent with those that would be charged for the same services provided on the hospital campus.

HELP US GET YOUR CLAIMS PAID

Many commercial insurance plans request that their subscribers update their insurance information on an annual basis. Your insurance company or employer's Human Resources department will mail you a letter asking you to fill out a coordination of benefits form and return it. Completion of this form is critical to having your claims paid, as your insurance company will deny the claim or pay it at a significantly lower rate, leaving you with a high patient responsibility amount. If the forms are not returned, Bayhealth will hold the patient responsible for the balance due.

In addition to coordination of benefits information, your insurance may also mail you a letter requesting accident details, student or other

information. Please be sure to open mail you receive from your insurance company and respond as timely as possible since completion of their information requests creates a more positive billing experience.

Dispute/resolution

Disagreement with charges and reimbursement from insurance companies will occasionally surface. Our charges are established to meet the financial needs of Bayhealth Medical Center. Normally, prices for procedures and tests are adjusted annually. Supply charges are related to the cost to purchase the item. Drugs charges are based on average wholesale prices. When disputes arise with reimbursement from your insurance company, we will often appeal their decision directly with the insurance company. However, these disputes often can be resolved more effectively when you contact the insurance company directly. We will be happy to provide you with any information you might need in appealing the claim with your insurance company. Please contact our Billing Support department for assistance at 877-744-7081.

Payment methods

You may pay by cash, personal check, money order, or debit/credit card. All Bayhealth sites accept Visa, Master Card and Discover Card. ATMs are available at many sites. We also offer financial counseling to help identify payment options.

Bayhealth is now accepting online payments through the MyChart patient portal. You can choose to create an account in MyChart to view your clinical test results and pay your bills or pay as a guest (without seeing test results). You can also set up payment plans on MyChart. If you do not have a MyChart account, there will be a security code on the bottom of your statement you can use to create an account.

Payment plans

We offer interest free payment plans to our qualified customers. These plans must be agreed upon with an authorized billing support representative. Failure to contact our Billing Support department to establish a payment plan will result in your account advancing to a collection agency. Please contact our Billing Support department for assistance at 877-744-7081.

Customers that cannot meet the minimum payments may have their plan outsourced to another company for billing and collection. These plans will be outsourced at the discretion of Bayhealth.

Collection policy

The hospital will take all necessary steps to collect debt(s), which may include the use of outside services such as collection agencies, attorneys, etc. Patients with insurance or Medicare should receive their first invoice within thirty (30) days of the hospital's

payment receipt date. We will send a minimum of three (3) invoices to collect the amount due. If return mail is received on a patient's account the number of invoices sent may be less than three (3). In order to prevent your account from being advanced to outside services for collection, you should either pay the balance within four (4) months or make suitable payment arrangements by contacting a Billing Support representative at 877-744-7081.

Accounts that are advanced to a collection agency may be reported to a credit bureau, and this might affect your credit rating. Typically, the debt is reported to the credit bureau 365 days after the account has been determined delinquent and only those accounts with an unpaid debt in excess of \$500.00 is reported. This allows the debtor to clear the debt before the debt is reported.

Glossary of common billing and insurance terms

ADVANCE BENEFICIARY NOTICE (ABN)

Some services are not payable by Medicare or other insurance companies. If your physician orders these services, you will be asked to sign an ABN. The ABN is notification that you understand that payment for the listed services will be your responsibility, if Medicare or your insurance company denies payment. If you do not sign the

ABN, the test should not be performed. If you decide to receive the service but refuse to sign, the registrar will indicate on the ABN that the "Patient Refused to Sign," and you (the patient) will then be responsible for the bill.

ABN FOR EXPERIMENTAL PROCEDURES/TESTS

You will also be asked to sign an ABN for lab, infusion and radiology services your commercial insurance company considers experimental. Rather than deferring treatment, you should ask your physician if an alternative test /infused medication is available. This is especially important if you have Highmark BlueCross BlueShield of Delaware, as many employers in the area have coverage through a BlueCross BlueShield plan from another state, and that state's medical policies may be different from the Highmark BlueCross BlueShield medical policies. You should ask your physician to call your insurance company's home BlueCross BlueShield plan to confirm the test will be covered with the diagnosis on the order and that their medical policy does not consider it experimental.

AUTHORIZATION

Many insurance companies require an authorization to be issued prior to tests or procedures being performed. Without an authorization, the insurance company will not reimburse Bayhealth and it may be your responsibility to pay the bill

depending on the contract between your insurance company and the hospital. Your physician will request the authorization from your insurance company. When authorizations cannot be verified at the point of registration, you'll be asked to sign a letter accepting financial responsibility or you may opt to postpone the test until authorizations are verified.

COINSURANCE

A percentage, determined by the payer, of the patient's total charges that the patient is responsible to pay. The health plan usually pays the remaining portion of charges.

COORDINATION OF BENEFITS (COB)

A method of integrating benefits payable under more than one group health insurance plan so the insured person's benefits from all sources do not exceed 100 percent of his or her allowable medical expenses.

CO-PAY

A fixed fee that the subscriber must pay for his/her use of specific medical services covered by his/her plan.

EXPLANATION OF BENEFITS (EOB)

All insurance companies are required to send you an explanation of benefits form, which explains what they are paying and shows the amount you owe. It usually shows total charges, allowable charges, non-covered charges, the payment, deductible and coinsurance (when applicable), and any notations to clarify any of its actions. The amount you owe should be the same as the hospital bill.

LATE CHARGES

Charges for services rendered to you that were omitted on the first bill. They are not charges being added to the account for late payment.

MEDICARE EXPLANATION OF BENEFITS (EOB)

Medicare sends summaries of their payments (EOB) to the patient on a quarterly basis. These summaries may show a different amount than the hospital bill. This difference is created by the hospital's agreement with Medicare. Medicare payment is not based on the hospital charges but on Medicare's established payment schedule. Medicare determines the amount that is the patient's responsibility. This amount should correspond to the amount

due from either the patient or your secondary insurance. Please keep in mind that if Medicare doesn't pay for a hospital service, often the secondary insurance company will also not pay for that service. There could be more than one EOB from Medicare per visit. Inpatient stays will usually generate a Part A and Part B EOB.

MEDICARE TAKE-HOME DRUGS

Drugs that are usually self-administered by the patient, such as those in pill form or that are used for self-injection, aren't normally paid by Medicare (or other insurance companies). However, there are some self-administered drugs that are explicitly covered by Medicare.

PROVIDER BASED PHYSICIAN PRACTICE

Outpatient departments of the hospital where services provided at the facility are considered hospital services. Unlike a private office setting where

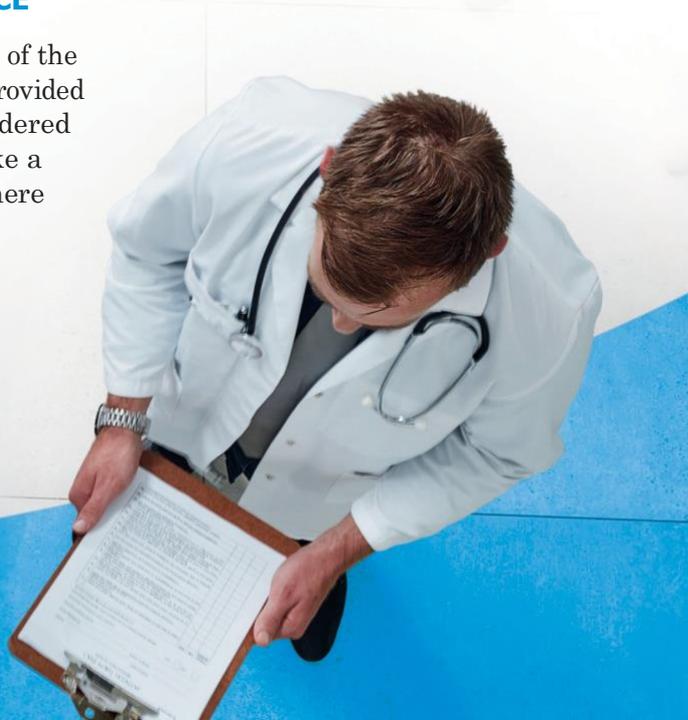
you receive one bill, you may receive two bills; one for the physician and one for the hospital. In summary, you may incur a coinsurance liability to the hospital that you would not incur if the facility were not provider based.

REFERRALS

Recommendations made by your physician as to where to go for treatment. Referrals don't guarantee payments by the insurance company. Please see "Authorization" above.

SECONDARY INSURANCE

A supplemental insurance plan that will pay some deductibles and co-pays after the primary insurance has paid. Secondary insurance cannot be billed until the primary insurance has paid or denied the claim.





BILLING SUPPORT

877-744-7081

[BAYHEALTH.ORG/BILLING-INFORMATION](https://www.bayhealth.org/billing-information)