

## Billing FAQ's

### Liberty Medical Center

#### Frequently Asked Questions Regarding Billing Policies and Procedures

1. How much can I expect to pay for my visit to Liberty Medical Center Clinic? Provider visits currently range from \$68.75 to \$287.00 for an evaluation and management of your condition(s). The prices are based on the severity of what is going on with your illness/injury, medications prescribed, if labs or x-rays are ordered and reviewed and also the plan for your care, as agreed upon with the provider. The prices will be adjusted if a procedure such as an injection is given or a lesion is removed. Unfortunately, there are too many variables to quote any specific prices before your visit. Any lab, x-ray or rehydration services completed during the clinic visit will be billed separately on the hospital statement (white statement), while the charges for the providers will be billed on the blue statement.

2. How much should I expect to pay for my visit to the ER or Hospital or for Ancillary Services? The price is dependent upon the severity of your condition, the treatment(s) offered, and test(s) that are completed. It is impossible to quote a price beforehand because each person's condition and treatment varies. The minimum charge for your visit starts at \$198.50, and goes up from there. Additionally, Provider services are billed separately and begin at \$72.25, again based on the reason for your visit. The best thing to do when you visit the ER, Hospital, or Ancillary Services is to be sure you have the most current information on your insurance coverage with you. If you are concerned about making payment toward your visit, please request to speak with the Financial Counselor before you check out.

3. What If I am a New Patient? You are considered a new patient in the clinic if you haven't been seen in over three years, or if you have never been seen at Liberty Medical Center. The providers must reestablish care of your conditions, and many things may have changed over the years of your absence with Liberty Medical Center. Please remember to bring a photo ID and your current insurance information with you when you present for services. New patients will be asked to pay upfront for services at Liberty Medical Center until a good credit relationship has been established between you and the facility. If you have insurance and it also pays for the services provided, your credit balance will be refunded to you, since you paid upfront.

4. Why do I have two statements? Your blue statement includes charges for the providers. Your white statement reflects charges from the ER, hospital, lab and other ancillary services. Both statements are

due at the time you receive them. Add together charges from both statements—you can write ONE check, payable to Liberty Medical Center. Try to include your account number(s) in the Memo line.

5. When will I receive my billing statement? Statements are usually printed on or about the last Tuesday of each month. You should receive your statement(s) shortly after they are printed. Your statement will be mailed to the address on file with your account. Please notify Liberty Medical Center of any changes to your address to ensure you receive your statement in a timely manner. Please also note that payments received at the facility within seven days prior to the statement printing date may not reflect on your statement—it takes time for the facility to process payments and post them to accounts. Your patience is appreciated.

6. When is my payment due? Your payment is due within thirty (30) days of the date on your statement. Bills which are not paid in a timely manner may be subject to finance charges and/or referred to a collection agency.

7. Who should I contact if I would like to make payment arrangements? Our Financial Counselor can help you set up a payment plan and/or discuss payment options that may be available to you.

8. What payment methods do you accept? LMC accepts payment in cash, check, or money order, or by Credit Card. Visa, Mastercard and Discover are accepted. Payments may be made in person or mailed to PO Box 705, Chester, MT, 59522. Credit card payments may be made in person or over the phone by calling (406) 759-5181 and requesting extension 5992.

9. What if I can't afford to pay my bill? Contact the Financial Counselor as soon as possible at (406) 759-5181 to discuss payment solutions. Payment plans can be arranged for bills of all sizes, and the facility offers Community Care to qualified individuals/families. Community Care program offers discounts to patients who qualify for assistance based on their financial situation. Individuals accepted into the Community Care program qualify for differing discounts depending on income and family size, helping further Liberty Medical Center's focus on not denying care based on an inability to pay.

10. What if my account is Past Due? Contact the Financial Counselor at (406) 759-5181 as soon as possible to make payment arrangements. All clients will be treated with dignity and respect as an

attempt to keep your account in good standing is reached. All calls and cases are confidential. If your account continues to go unpaid, interest and finance charges may be assessed after one year and/or your account will be sent to a collection agency. You will be responsible for additional charges and fees assessed by the collection agency and your credit score will be affected. Additionally, if your account is sent to collection, your entire family will from then on be seen on a payment-requested-upfront basis at Liberty Medical Center.

11. Can I still be seen at Liberty Medical Center if I do not have insurance? Yes. You may be asked to pay upfront for services. Generally, upfront fees are \$94.50 for an office visit, \$150.00 for ancillary services, or \$250.00 for pre-schedule procedures. You are also encouraged to visit with our Financial Counselor to make payment arrangements and discuss your account.

12. Will Liberty Medical Center bill my insurance for me, or do I need to bill it myself? Liberty Medical Center will be happy to bill your insurance for you in most cases. If your insurance information changes at any time, it will be your responsibility to inform Liberty Medical Center of these changes. Ultimately, your charges are your responsibility, so it will be up to you to pay any balance left after insurance has paid AND to provide your insurance company with all information requested for them to pay on your behalf.

13. Why didn't my insurance pay more? Each patient's insurance policies are different, even within the same company. Consult your EOB and/or contact your insurance company and reference the specific Date of Service you are concerned with when asking why you did not receive more coverage. Our staff does not have access to your policy with your insurance company, therefore we're not able to answer questions regarding your specific coverage. If you find you were billed incorrectly, you may call the billing office at LMC and we can take another look at your account.

14. How will my Workers Compensation claim be handled? If you present for services at LMC with an injury that you believe is eligible for Workers Compensation benefits, please leave contact information for your employer with the front desk before you leave so the billing department can address your claim in a timely manner.

15. Why didn't Medicare pay for all of my medications? Medicare does not cover drugs and other medications which are considered to be "Self-Administerable," when given in an out-patient setting. This can include anything from Tylenol to even some injections, and can often include medications

administered in the Liberty Medical Center Emergency Room. Charges for these medications are patient responsibility. This is not a policy set by Liberty Medical Center, it is a Medicare regulation.

16. How is billing handled for Long-Term Care? Upon admittance to our long term care facility, residents will be given a paper informing them of what our daily rate is and what services are included in that rate. On approximately the 9th of each month, the residents will be billed for the entire month of which they are residing in Long Term Care.

Medicare and supplemental insurance will pay on Skilled Swing Bed days of service. Upon discharge from a Skilled Swing Bed level of care, the resident must pay by private pay, Long Term Care Insurances, Medicaid, or a combination of these payment options. All applicants who are now living in a nursing home or who are planning to enter a nursing home must be screened by a screening team when applying for Medicaid.

If the resident has long term insurance, our facility will assist with the paperwork in the startup process. At the end of each month, Liberty Medical Center will bill the insurance company for that month's days of service.

Provider's bill for visits made to the residents of Long Term Care when their conditions change or as new issues arise. Doctors and Mid-Levels are also able to bill for care plans with the families of residents when the resident is unable/incapable of attending due to their condition.

17. Who should I contact if I have a question about my bill? Call our Billing Office at (406) 759-5181.