



### ***What is Provider-Based Billing?***

Provider-based billing is billing for services given in a hospital or hospital facility. The hospital facility may be called an outpatient center, doctor's office, or practice.

### ***Why has Morgan Medical Center made this change?***

Provider-based billing is used across the U.S. by many healthcare systems. Patients benefit because all participating hospital facilities must follow stricter quality standards.

### ***Will there be a change in how I receive care?***

No. You will continue to receive excellent quality care from the same doctors you have come to know and trust. Scheduling for appointments and tests will not change.

### ***Are all patients billed using provider-based billing?***

The requirement to list professional services and facility charges separately is unique to the Centers for Medicare and Medicaid. Only patients with Medicare, Medicare Advantage, Tricare, or VA plans are billed with the professional service and facility charges listed separately. All other insurance health plans and networks do not require professional and facility charges to be listed and billed separately. They are listed as one charge.

### ***Does provider-based billing increase my cost?***

Your cost depends on your insurance coverage. Benefits may vary for some services at hospital facilities.

### ***Whom do I contact if I have questions about my insurance coverage?***

Contact your insurance provider.

### ***Whom can I contact for financial assistance and other billing questions?***

Morgan Medical Center has a financial assistance program that can help you with out-of-pocket expenses. For more information about this program or other questions about your statement, contact the billing department at **706-342-1667**.

