TALLAHASSEE MEMORIAL HEALTHCARE

UNDERSTANDING YOUR BILL AT THE TALLAHASSEE MEMORIAL CANCER CENTER

At the Tallahassee Memorial Cancer Center, our priority is your care and peace of mind. We are here to help patients understand our billing practices.

The Tallahassee Memorial Cancer Center is considered a hospital-based outpatient center and part of the Tallahassee Memorial HealthCare system. Even though you are coming to one appointment, insurance may split the bill into two parts: the provider's care and the facility's clinical services.

- A Provider (Professional) Charge is billed for the doctor/provider's time and medical care (evaluation, management, treatment decisions)
- A Facility ("Hospital-Based Outpatient") charge is billed for the clinic services and resources that support your care (nursing, equipment, infusion/radiation, supplies, etc.)

This is a standard practice across the country at hospital-based outpatient clinics. The Q&A below explains how billing works for hospital-based outpatient clinics.

What does "hospital-based outpatient" or "provider-based" mean on my bill?

Answer: Medicare and many insurance plans use these terms for hospital-based outpatient clinics, like the TMH Cancer Center. Your care often includes two components at the Cancer Center: **Provider/professional services** and **facility/hospital services**. Insurance may cover and bill these separately, even though they happened during the same day.

What are the benefits of being cared for at a hospital-based outpatient clinic?

Answer: Hospital-based outpatient clinics are held to nationally-recognized service and patient care standards, leading to high quality care for patients. At the Cancer Center, we provide this type of team-based, coordinated care, which is especially important for cancer care where multiple services happen in one place.

How does "hospital-based" outpatient billing affect patients?

Answer: Patients may receive two bills for services provided at the TMH Cancer Center. One for the provider/professional service and one for the facility/hospital charge. Depending on your insurance coverage, you may pay more for certain outpatient services and procedures. We recommend you review your insurance benefits or contact your insurance provider to determine what your policy will pay and what out-of-pocket expenses you may incur based on the location of the services provided.

What if I have secondary or supplemental insurance coverage?

Answer: Coinsurance and deductibles may be covered by a secondary or supplementary insurance policy. Coverage varies, so you should check with their benefits or insurance company for detailed answers related to secondary insurance.

Does this type of billing apply to patients with private insurance, such as Capital Health Plan, Blue Cross Blue Shield, United Healthcare, Cigna or Aetna?

Answer: Yes. Most insurance plans, including commercial plans, may process both professional and facility charges for hospital-based outpatient visits.

How does this affect a patient who has Medicare, Medicare Advantage or Medicaid?

Answer:

- If you have Medicare/Medicare Advantage: You will receive two bills – one for the provider and one for the facility. The facility portion will be subject to co-insurance.
- If you have Medicaid: You may have two copays for your visit – one for the provider portion and one for the facility portion.

Why do some patients need to complete a Medicare Secondary Payer (MSP) questionnaire?

Answer: As a participating Medicare provider, we are required to screen Medicare patients according to the MSP rules. At each visit, Medicare patients will be asked the MSP questions. These questions help us confirm if Medicare or another payer should process the insurance claim as primary.

Do I have to make payment before I receive services?

Answer: It is our policy to collect the provider co-pay at or before your visit. The facility co-pay/co-insurance portion is usually billed after your insurance processes the claim.

What should I ask my insurance company if I have questions?

Answer: Some good questions to ask are:

- Is this clinic considered hospital outpatient (provider-based) in my plan?
- Do I have a facility copay for hospital outpatient visits?
- Will the facility charge apply to my hospital deductible or coinsurance?
- What will my estimated out-of-pocket cost be for a visit at a hospital-based clinic?

What if I have more questions about my bill?

Answer: Please call our Patient Financial Services team at 850-431-6200. We are available Monday through Friday, 8:30 am – 4:30 pm and are ready to assist you.