

## **Provider-Based Billing Frequently Asked Questions**

### **Why is my Clinic becoming a Department of Aspirus Wausau Hospital?**

Medicare allows a hospital to bill for both the physician and hospital outpatient facility/technical services, in two separate charges, when a patient is seen in a physician office owned by a hospital. Most hospital owned clinics have opted to utilize this approach to billing.

### **How will it be reflected on my billing statement?**

Your billing statement will include two separate charges for each visit – one charge for the physician’s services and another charge for the hospital outpatient facility/technical services. The hospital outpatient and technical charge will be clearly defined in the description for services section of your bill.

### **Will Medicare or my health insurance cover this?**

After Medicare makes its payment determination, you can expect to receive two Medicare Explanations of Benefits (EOB). One EOB will be for facility charges, the second EOB will be for physician’s charges. You will have a coinsurance amount of 20% on each of these claims.

Most Medicare co-insurance amounts will be covered by the patient’s supplemental insurance and will not have to pay an out-of-pocket cost. Medicare patients without supplemental insurance will have to pay an out-of-pocket cost.

Patients with supplemental health insurance can call their insurance company to find out what costs will be covered by their insurance plan.

### **What questions should I ask my health insurance company?**

Ask your health insurance company if it covers “Facility Charges or Hospital Outpatient Services”. If it does, ask how much of the charge (percentage) is covered. Also, ask how much of the charge you might have to pay as your deductible.

### **Who can I call at Aspirus with questions?**

Please call the Central Billing Office at (715) 847-2304 or toll free at (800) 627-3570, and we will help answer your questions.

**Thank you for choosing Aspirus.**