

WOUND CARE PATIENT BILLING INFORMATION

Our Wound Care Center® (WCC) serves as a hospital outpatient clinic where doctors and nurses treat people with wounds that they may have had for a long time. **Visits to the Center will result in charges from both the hospital and doctor.**

Many times these visits will only result in a charge for a procedure such as a wound debridement, but sometimes they may also include a clinic visit. Sometimes, there may be charges for hyperbaric oxygen therapy, laboratory tests, x-rays, and other services that may be performed in the hospital.

We understand this can be a confusing time and have outlined various ways the payment of the services provided to you can be handled. If you have questions about the process, please feel comfortable discussing this with one of the WCC staff members.

THE HOSPITAL:

When the hospital bills your insurance company(s) for the services you received at the WCC, the bill contains charges for what is called the **technical component**. This fee may also be listed on your bill as the clinic fee or some other hospital specific term. This fee includes the use of the WCC's staff, room, equipment, etc. as well as any supplies that were used. You may also see laboratory charges, radiology (x-ray) charges, and other additional services if they were provided during that billing period. Some hospitals may bill for these additional services on a separate bill.

THE DOCTOR:

Each doctor that sees and treats you will bill separately for their services. Most of the time, this bill will come from his or her office, but sometimes hospitals may bill for the doctor's charges. These charges will be for the **professional component** and includes only the services that the doctor provided.

The WCC doctors are specially trained in providing wound care and the insurance companies know to pay for only one set of services by the codes used on the bill sent to them. They will pay a portion of the service to the hospital and a portion to the doctor. **You will not be billed twice for the same service** even though the description of the services may be the same.

OTHER DOCTORS:

There are different specialists who may be called in on your case, depending on the difficulty of your wounds, and they may submit a bill as well. These may be from the Pathologist for the professional component of the laboratory tests performed, or the Radiologist for the services rendered when x-rays were performed, etc.

These billing practices are consistent within all departments of the hospital as well as within the hospital industry. In addition, these billing procedures are frequently audited by Medicare/Medicaid and accepted as standard practice.

IF YOUR PRIMARY INSURANCE IS MEDICARE:

The hospital will bill Medicare and may send you a courtesy copy of your itemized bill upon request. Medicare will notify you when they have paid their portion of your hospital bill. If you have a secondary insurance, the hospital will also send them a bill for their portion and that company will contact you to let you know when and what they paid to the hospital. After payments are received by either your primary and/or secondary insurance, **any outstanding balances will be your responsibility**. This payment is necessary since the services were performed at a hospital outpatient department. If you are responsible for the co-payment balance, your payment per individual HBO treatment, procedure or other service may range from \$23 - \$97 (co-payments may range between \$274 to \$314 if either a bone debridement or cellular or tissue based product procedure is performed).

IF YOUR PRIMARY INSURANCE IS MEDICAID:

The hospital will bill Medicaid and may send you a courtesy copy of your itemized bill upon request. Medicaid traditional or Managed Care may require a co-payment that is due at the time of service. The hospital should be able to inform you of your co-payment.

IF YOUR PRIMARY INSURANCE IS AN INDIVIDUAL / GROUP PPO OR HMO:

The hospital will bill your insurance company. You will be responsible for any deductible and/or co-payment amounts. Payment for these items may be expected at the time of service. Insurance verification will help us to identify your appropriate deductible and co-payment amounts. Copays and deductibles can vary significantly among plans and patients should contact their plan if they have questions about these amounts.

IF YOU DO NOT HAVE INSURANCE COVERAGE:

Many hospitals require a payment (either in full or partial) at the time of the visit. If you are unable to pay, many hospitals will work with you to determine if you qualify for some type of assistance or will allow you to set up a payment plan. The center can refer you to the hospital's business office as needed. You cannot be seen in the WCC until these arrangements are completed.

IF YOU HAVE QUESTIONS REGARDING YOUR BILLS / STATEMENTS:

Please call the hospital's business office. Hours of operation are usually between 9:00 am and 4:30 pm (Monday thru Friday). If your question is regarding the provider services, you will need to contact that provider's office.

Patient Signature: _____ Date: _____ Time: _____ AM/PM

Witness Signature: _____ Date: _____ Time: _____ AM/PM

This cost estimate was made based on the date of this publication - 1/1/2019. This cost may vary after 2019.