

### How are insurance claims processed?

All charges for facility, doctor visits and any other services you receive are sent to your insurance carrier as a claim. Unfortunately, although we attempt to get pre-authorization, we do not always know in advance whether those services will be covered by your insurance. Claims that we submit to your insurance carrier are paid based upon your individual benefits. Bills are generally submitted to the primary insurance company within four days from your visit. If you have a secondary insurance company, a claim will be submitted to the secondary insurance company after the primary insurance company has paid.

Most health insurance claims are processed and paid in approximately 45 days from the date of billing. Any non-covered services must be paid for by you. We recommend you call your insurance company, read your health care benefits coverage information carefully, and do your research so you understand what is covered under your plan.

### Why are there two charges for the same date of service listed on my bill?

When using Baylor Scott and White physicians and facilities for services, you are provided a convenient combined billing statement, which means that we bill you for both the doctor and the use of the facilities and equipment on the same bill and you will make one payment for both charges. At some other hospitals, if you saw a physician for an office visit and also had an X-ray, you would receive a bill from that physician for the office visit and a separate bill from the facility where you had the X-ray.

### How will Medicare or my health insurance cover my healthcare services?

Most Medicare patients will be covered by their supplemental insurance and will not have to pay more out-of-pocket. Medicare patients without supplemental insurance will pay a small amount. Medicare provides an extensive guides related to covered and non-covered services and what you can expect to pay as an out of pocket expense at Medicare.gov and you can also create your personal account at mymedicare.gov that will allow you to view claims and your personal plan and coverage.

Patients with health insurance will need to check with their insurance provider to determine what will be covered by their insurance plan.

### What is Provider-Based Billing?

If you are receiving care at one of Baylor Scott & White Health's "Provider-Based" locations, there may be a hospital facility charge as well as a physician or other licensed practitioner professional charge for outpatient services or procedures since these locations are considered outpatient departments of the facility. Consequently, you may be financially responsible for a separate deductible and co-insurance payment for the facilities services, in addition to the physician or other licensed practitioner bill.

Depending on a patient's specific insurance coverage, it is possible that some patients may pay more for services and procedures furnished at a provider-based location than they would at a free-standing facility that utilizes global billing (all technical overhead and professional fees on the same statement). This depends on the charges assessed and the type of insurance coverage involved. Baylor Scott & White is not unique in this regard. This is the national model of practice for large, integrated systems where hospitals own facilities treated as outpatient departments

under the Medicare requirements and employ the clinical and administrative staff. Under provider-based billing, these locations are considered departments of the hospital and services rendered are billed accordingly. Patients are advised to review their insurance benefits or contact their insurance provider to determine what their policies will cover and identify any out-of-pocket expenses.

In comparison, if a patient is treated by a physician or other licensed practitioner in a freestanding physician clinic, the patient is financially responsible for one bill that includes both the professional fee and practice expenses related to the performance of the professional service.

### How can I find out if my insurance has paid or how much they have paid?

When your insurance company processes your claim, you should receive an explanation of benefits (EOB) in the mail. The EOB will contain payment information and the amount due from the patient. Contact your insurance company with questions about the status of a claim or how the claim was processed.

### How do I know if Baylor Scott & White contracts with my health insurance provider?

To receive full insurance benefits, some insurance providers require patients to receive services with "in-network" or "participating provider" hospitals and physicians. To verify whether your insurance plan covers services rendered at Baylor Scott & White Health, contact your insurance provider directly by visiting your provider's website or calling the phone number listed on your insurance identification card.

### If I have questions related to my bill or need an itemized statement, who can I call?

You can call Customer Service at 1-800-994-0371, Monday through Friday from 8:00am – 11:30am, 12:30pm – 5:00pm. You can also email us at [billingquestions@bswhealth.org](mailto:billingquestions@bswhealth.org).

### What types of payment options are available?

- You may pay your bill in full with a check, credit card, or debit card:
  - Pay online at [mybswhealth.com](http://mybswhealth.com)
  - By mail at Baylor Scott & White Health – P.O. Box 674350, Dallas, TX 75267-4350
  - Pay by phone 1-800-994-0371
- Payment Plan – If you are unable to pay your bill in full and would like to set up an interest-free payment arrangement or have new account balances that you would like to combine with your existing payment plan agreement, please call Customer Service at 1-800-994-0371
- Financial Assistance – If you cannot pay your balance, you may be eligible for financial assistance. Please call Customer Service at 1-800-994-0371 or visit our website at [www.bswhealth.com](http://www.bswhealth.com)

### What happens if my account is delinquent?

When a balance is due, you should receive two to three notices in the mail. If the account is not paid in full, it may be referred to a collection agency. At that time, the account may be reported on a patient/guarantor credit report.