



Preparing to Leave the Hospital

Uninsured?

If you are in need of assistance with your hospital billing you can contact Hospital Financial Services Department at 870-863-2227.

Billing

What a Hospital Bill Covers

The hospital bill covers the cost of your room, meals, 24-hour nursing care, laboratory work, tests, medication, therapy and the services of hospital employees. You will receive a separate bill from your physicians for their professional services. If you have questions about these separate bills, please call the number printed on each statement.

The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. You should remember that your policy is a contract between you and your insurance company and that you have the final responsibility for payment of your hospital bill.

Coordination of Benefits (COB)

Coordination of Benefits, referred to as COB, is a term used by insurance companies when you are covered under two or more insurance policies. This usually happens when both husband and wife are listed on each other's insurance policies, or when both parents carry their children on their individual policies or when there is eligibility under two federal programs. This also can occur when you are involved in a motor vehicle accident and have medical insurance and automobile insurance.

Most insurance companies have COB provisions that determine who is the primary payer when medical expenses are incurred. This prevents duplicate payments. COB priority must be identified at admission in order to comply with insurance guidelines. Your insurance may request a completed COB form before paying a claim and every attempt will be made to notify you if this occurs. The hospital cannot provide this information to your insurance company. You must resolve this issue with your insurance carrier in order for the claim to be paid.





Medicare

This hospital is an approved Medicare provider. All services billed to Medicare follow federal guidelines and procedures. Medicare has a COB clause. At the time of service you will be asked to answer questions to help determine the primary insurance carrier paying for your visit. This is referred to as an MSP Questionnaire and is required by federal law. Your assistance in providing accurate information will allow us to bill the correct insurance company.

Medicare deductibles and co-insurance are covered by your secondary insurance. If you do not have secondary insurance you will be asked to pay these amounts or establish a payment plan. If you are unable to pay these amounts, we will help you determine if you qualify for a state-funded program.

Medicaid

We will need a copy of your Medicaid card for the current month. Medicaid has payment limitations on a number of services and items. Medicaid does not pay for the cost of a private room unless medically necessary.

For Self-Pay Patients

Patient Financial Services Department will send statements for payment of self-pay accounts. You will receive two to three billing statements and two to three telephone calls over a 90-day period to obtain a payment or to make payment arrangements. If payment arrangements are not established and no payment is made during the 90-day period the account will be placed with a collection agency. If you need an itemized statement you can obtain one by calling our customer service department at the number listed below or by using the website at www.themedcenter.net. If you have any questions regarding your billing statement, you can contact the patient Financial Services Department at 870-863-2227.

Commercial Insurance

As a service to our customers, we will forward a claim to your commercial insurance carrier based on the information you provide at the time of registration. It is very important for you to provide all related information such as policy number, group number and the correct mailing address for your insurance company.

