

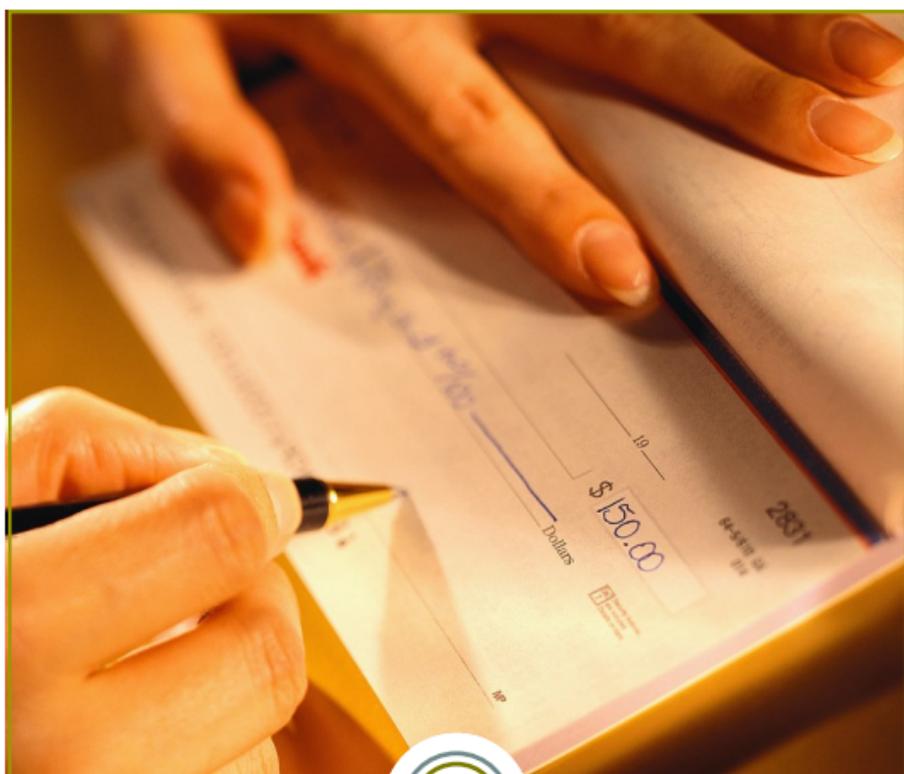
INFORMATION  
ON YOUR  
PAYMENT  
OPTIONS FOR  
YOUR MEDICAL  
SERVICES WITH  
METHODIST  
HEALTHCARE  
SURGERY CENTERS



Be treated well.



**Methodist**  
Le Bonheur Healthcare



## Financial Policy

A surgery center representative will attempt to contact your insurance company for verification of coverage. Precertification may be required by your insurance company. To assure coverage, it is very important for you to verify that this process has been done by your surgeon's office. Most insurance companies have deductibles and/or co-payments that apply to surgical procedures. Co-payments are due on the date of surgery. If there is an issue with your co-payment, you must contact our facility before the date of your scheduled procedure or your procedure may have to be rescheduled. Deductibles are also due on the day of service unless other arrangements have been made with the center prior to the date of your scheduled procedure.

## Out of Pocket Expenses

Out of pocket expenses may include any or all of the following for any episode of care:

**Co-Payment**—A set amount, by type of service, as established by your insurance company to be paid at the time of service. An example would be an Emergency Room visit that often has a co-payment of \$50.00 or more.

**Deductible**—A set amount of money a patient must pay before their insurance company begins to pay for care. This is a total amount that must be paid by the patient to one or more providers until the amount is satisfied. The healthcare deductible is very similar to your auto insurance deductible.

**Co-Insurance**—A percentage set by your insurance policy for specific types of care for which the patient is liable. For example, Your insurance policy calls for a 30% co-insurance amount due by the patient. If the contracted rate for your service is \$1000 the plan would pay \$700 and the patient would be responsible for \$300 (assuming the patient's deductible has been met).

**Out of Pocket Maximum**—An amount set by an insurance company that limits how much a patient will be required to pay out of pocket in an annual period. For example, an out of pocket expense limit may be \$5000, which means once a patient has paid \$5000 he/she may not owe anything more for any services for the rest of the annual period. Out of pocket limitation may include what the patient paid as a deductible, co-payment and/or co-insurance. Physician and prescription co-pays are not usually included in out of pocket maximums.

## ESTIMATED PAYMENTS

We estimate the amount due from the patient based on information obtained from the patient's insurance company. We ask that the estimated portion to be paid at the point of service. Since the patient portion is an estimate, based on information received from the patient's insurance company, a final review of the patient's account will occur after the claim is processed. We will then be able to determine the need for additional payment from the patient and that balance will be billed accordingly.

Since insurance plans vary widely and understanding the provisions can be complex, Methodist LeBonheur Healthcare has specialists on staff who research the coverage and benefits for each patient for each visit to the surgery center.



# FREQUENTLY ASKED

## QUESTIONS

**Q: Why is Methodist LeBonheur Healthcare (MLH) collecting money at the time of my medical service?**

A: We believe each patient has the right to be fully informed about their health insurance coverage and financial responsibility as soon as possible. We have dedicated resources to assist our patients by explaining these issues and answering your questions. The Mission and Values of Methodist LeBonheur Healthcare clearly identify our vision for Patient and Family –Centered care. When a patient is facing financial difficulties we also want to identify this need as early as possible, thus allowing us to assist you in seeking alternative sources of financial assistance.

**Q: What is Methodist LeBonheur Healthcare's primary focus?**

A: Quality Patient Care

**Q: How do I know what my estimated responsibility amount will be?**

A: We ESTIMATE the amount due from the patient based on information obtained from your insurance company, and we ask for this amount to be paid at the point of service. Since the patient portion is an estimate, based on information received from your insurance company, there may still be a balance due which will be billed to you or your responsible party.



## How to Contact Us:

### **Methodist Surgery Center Billing Office**

6400 Shelby View Drive  
Suite 101  
Memphis, TN 38134

Cindy Todd  
901-516-1742  
Patient Account Manager  
Cindy.Todd@mlh.org

### **LeBonheur East Surgery Center**

JoAnn Saulsberry  
901-516-1440  
Patient Account Representative  
Jo Ann.Saulsberry@mlh.org

### **North Surgery Center**

JoAnn Saulsberry  
901-516-1440  
Patient Account Representative  
Jo Ann.Saulsberry@mlh.org

### **Methodist Germantown Surgery Center**

Marnina Stewart  
901-516-1825  
Patient Account Representative  
Marnina.Stewart@mlh.org

### **Wolf River Surgery Center**

Nancy Erwin  
901-516-1739  
Patient Account Representative  
Nancy.Erwin@mlh.org

### **Hamilton Eye Institute Surgery Center**

Josie Jackson  
901-516-1737  
Patient Account Representative  
Josie.Jackson@mlh.org



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