PATIENT GUIDE

Everything You Need to Know About Your Stay at **Houston Methodist Hospital**

Patient Financial Responsibilities

In This Section

Billing

How to Settle Your Bill

Affiliated Providers

Insurance

Medicare

Coordination of Benefits

Financial Assistance Policy

Financial Assistance Program

Billing

Your hospital bill includes the cost of your room, meals, 24/7 nursing care, laboratory work, tests, medications, therapy and the services of hospital employees. You will receive a separate bill for professional services, including doctors, radiologists, pathologists and others, incurred during your stay.

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

Houston Methodist Billing Department
PO Box 4315
Houston, TX 77210-4315
832.667.5900 or **877.493.3228**

How to Settle Your Bill

Before you leave, we ask that you pay your co-payment, deductible and/or co-insurance. If Patient Access Services has not cleared you, please check on your account by asking to speak with a financial counselor. You can also stop by the cashier's office before you leave.

Main Building
1st floor
Suite 126

Payment can be made by cash, personal check, MasterCard, Visa, American Express, Discover or traveler's checks.

Affiliated Providers

Upon admission or services rendered at any Houston Methodist facility, you or your legal representative must assume some or all of the following responsibilities:

- You or your legal representative can accrue billing from the hospital, the doctors and affiliated entities
- If you have surgery, you can accrue billing from the anesthesiologist, surgeon and an independent surgical assistant
- The affiliates listed below are contracted with various insurance plans and may not be covered under your individual plan. Please check with affiliates to determine if they are contracted.

Houston Methodist Pathology Associates
PO Box 4701
Houston, TX 77210-4701
Billing Information: **800.365.3744**
Estimates: **713.441.1277**

Houston Methodist Hospital
Houston, TX 77201-4315

832.667.5900 or **877.493.3228**

MASTOS Imaging
1415 N Loop West, Suite 250
Houston, TX 77008-1677
713.426.9173

Houston Radiology Associated
2190 N. Loop W., Suite 250
Houston, TX 77018
281.206.9050

US Acute Care Solutions billing as Travis County Emergency Physicians PA
PO Box 21906
Belfast, ME 04915-4116
855.687.0618

US Anesthesia Partners
PO Box 840855
Dallas, TX 75284=0855
Customer service by first letter of last name
888.325.6084 (A-K)
855.225.2449 (L-Z)

Insurance

As a service to our customers, Houston Methodist will forward a claim to your commercial insurance carrier based on the information you provide at registration. It is important for you to provide all related information, such as policy number, group number and the correct mailing address for your insurance company. Claims will be filed for inpatient and outpatient hospital charges approximately three to five days after discharge.

Visit **houstonmethodist.org/locations/texas-medical-center/for-patients/insurances-accepted/** for an updated list of our managed care plans.

If you have questions or need further information while you are still in the hospital, please call patient access services at **713.394.6622**.

If you have questions after your discharge, call the Houston Methodist Centralized Business Office at **844.755.1418**.

Medicare

Houston Methodist is an approved Medicare provider. All services billed to Medicare follow federal guidelines and procedures. Medicare has a Coordination of Benefits (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 a Medicare Secondary Payer Questionnaire and is required by federal law. Providing accurate information allows us to bill the correct insurance company. Hospital personnel cannot call Medicare on your behalf to correct a COB. The call has to be made by the patient.

Secondary insurance may cover Medicare deductibles and coinsurance. If you do not have a secondary insurance, you will be asked to pay or establish a payment plan. If you are not able to pay, we will help you apply for financial assistance.

Coordination of Benefits

Coordination of Benefits (COB) is a term used by insurance companies when you have two or more insurance policies.

This usually happens when both spouses are listed on each other's insurance policies, when both parents carry their children on their individual policies, or when there is eligibility under two federal programs.

Most insurance companies have COB rules that determine who pays medical expenses. This prevents duplicate payments. COB priority must be identified when you are admitted to comply with insurance guidelines. Your insurance company may request a completed COB form before paying a claim. Every attempt will be made to notify you if this happens. The hospital cannot provide this information to your insurance company. You must work with your insurance company for the claim to be paid.

Financial Assistance Policy

Houston Methodist is committed to providing charity care to persons who are uninsured, underinsured, ineligible for a government program, or otherwise notable to pay for emergency and medically needed care based on their individual financial situation.

Patients whose family income is at or below 200 percent of the Federal Poverty Level (FPL) are eligible to receive free services, and patients whose family income is above 200 percent but not more than 500 percent of the FPL are eligible to receive services at a discounted amount. This discounted amount is not to exceed the average amount Houston Methodist would get paid by private insurance and Medicare, including any patient payments in the form of deductibles, co-payments and co-insurance. Patients with family income greater than 500 percent of FPL will never pay more than 10 percent of their household

income.

Patients approved for charity are not required to make advanced payments or payment arrangements for emergency and medically necessary services before receiving care. However, if you have a discounted patient out of pocket and you cannot pay it in full after services are provided, Houston Methodist will attempt to collect it by sending monthly invoices requesting payment. If you cannot pay the discounted amount in a single payment, we offer interest-free extended payment options. Any discounted amounts remaining unpaid will be turned over to a third-party collection agency for further collection attempts. Third-party collection activity will not include personal liens, wage garnishments, legal actions or credit bureau notification.

A plain language copy of Houston Methodist's financial assistance policy, the financial assistance application and collection policies are available at houstonmethodist.org/billing. These forms are translated into 18 different languages. You can also find these documents in admitting and registration areas at all hospitals. Additionally, you can call the Houston Methodist Centralized Business Office to ask for them.

The centralized business office can answer questions and provide information about the financial assistance process, and can help you with the application process. You can contact the business office Monday through Friday, from 7 a.m. to 7 p.m. Completed financial assistance applications and all supporting documents can be faxed or mailed to the centralized business office.

Houston Methodist Centralized Business Office
Attn: Financial Assistance
701 S. Fry Rd.
Katy, TX 77450
844.755.1418
Fax: 832.667.5995

Financial Assistance Program

To learn about Houston Methodist's financial assistance program, you can speak with a financial counselor by calling **713.394.6807**.

Our financial counselors will ask you or your family member to complete a financial assistance application for uncompensated or discounted hospital care.

Patient access services and patient accounting departments will be responsible for reviewing completed financial assistance application forms and determining eligibility. The eligibility criteria rely on income levels and means testing indexed to the federal poverty guidelines, updated at the beginning of each calendar year and available from the federal government.

Eligible applicants are classified as either financially indigent or medically indigent. The review may be

conducted using either the traditional or fast-track method.

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