Billing and Financial Assistance Information

Billing Has Changed – All Statements Now in MyChart

Beginning **March 1, 2025**, Tallahassee Memorial HealthCare transitioned to paperless billing. This means you will no longer receive hospital bills by mail. All statements, balances, and co-pays for visits on or after March 1 are now available exclusively through MyChart.

Easily view and pay your bill anytime by downloading the MyChart app or visiting TMH.ORG/MyChart.

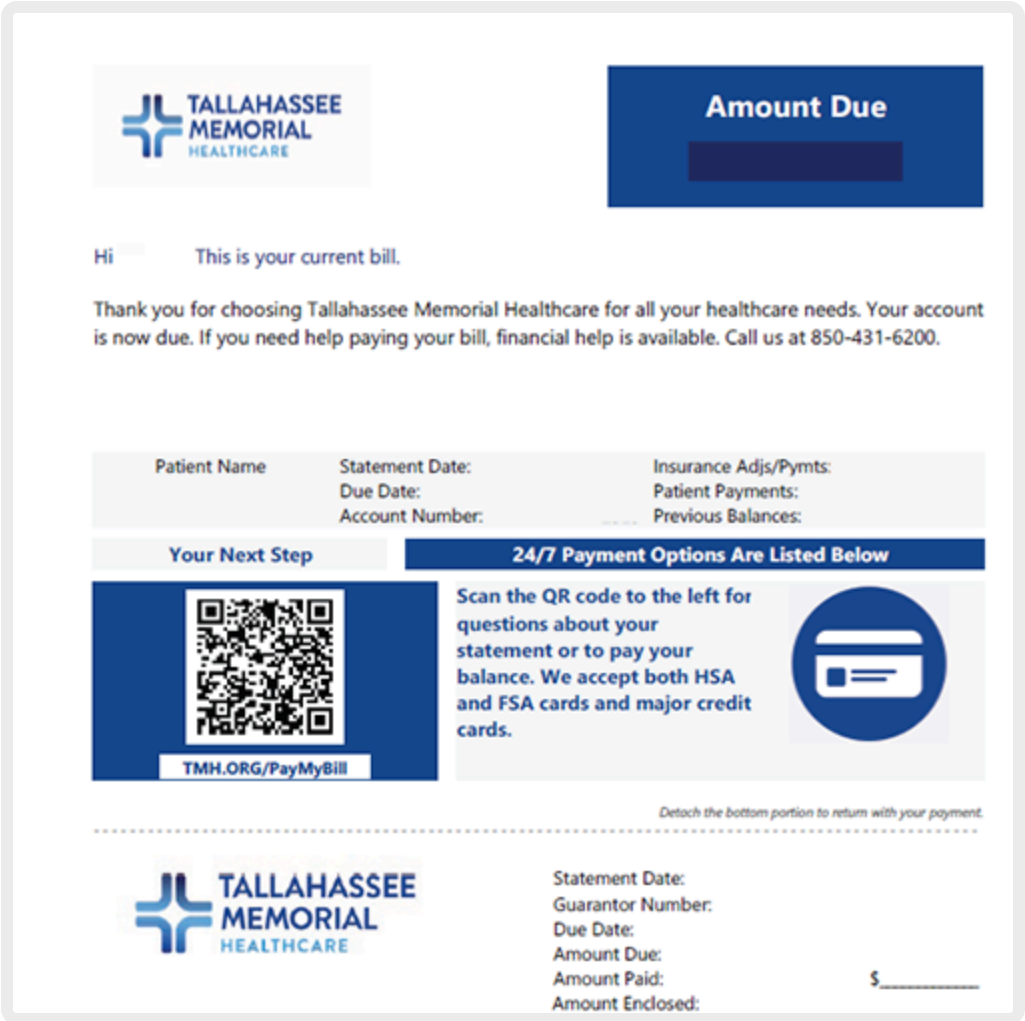
If you prefer to receive paper statements, you may opt out of electronic billing by adjusting your settings in MyChart or by speaking with a TMH representative.

For more details on this update, watch the informational video below.

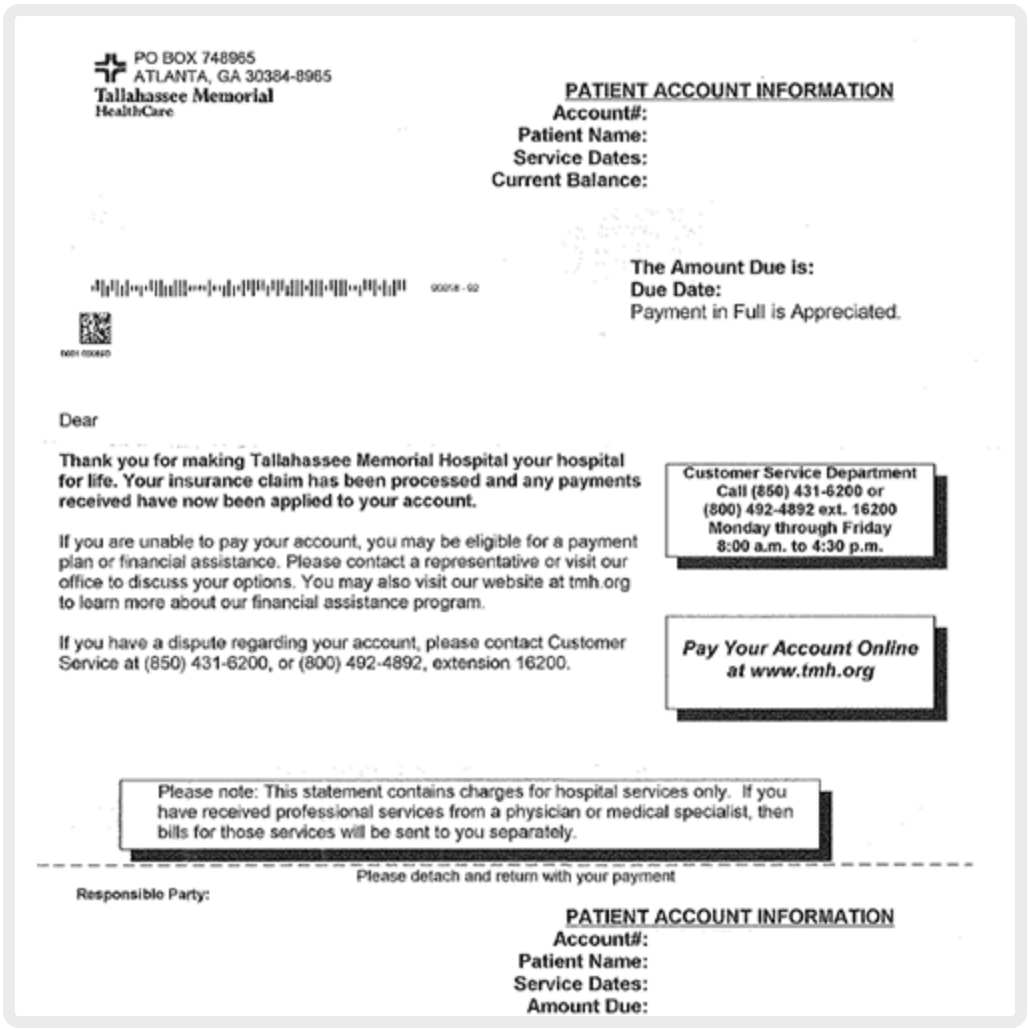
Watch Now

Pay Your Bill Online - Select Your Statement Type

We have several ways to pay your bill online. Select the option below that closely resembles your statement.



Pay Your Bill in MyChart



PO BOX 748965
ATLANTA, GA 30384-8965
Tallahassee Memorial HealthCare

PATIENT ACCOUNT INFORMATION
Account#:
Patient Name:
Service Dates:
Current Balance:

The Amount Due is:
Due Date:
Payment in Full is Appreciated.

Dear

Thank you for making Tallahassee Memorial Hospital your hospital for life. Your insurance claim has been processed and any payments received have now been applied to your account.

If you are unable to pay your account, you may be eligible for a payment plan or financial assistance. Please contact a representative or visit our office to discuss your options. You may also visit our website at tmh.org to learn more about our financial assistance program.

If you have a dispute regarding your account, please contact Customer Service at (850) 431-6200, or (800) 492-4892, extension 16200.

Customer Service Department
Call (850) 431-6200 or
(800) 492-4892 ext. 16200
Monday through Friday
8:00 a.m. to 4:30 p.m.

Pay Your Account Online at www.tmh.org

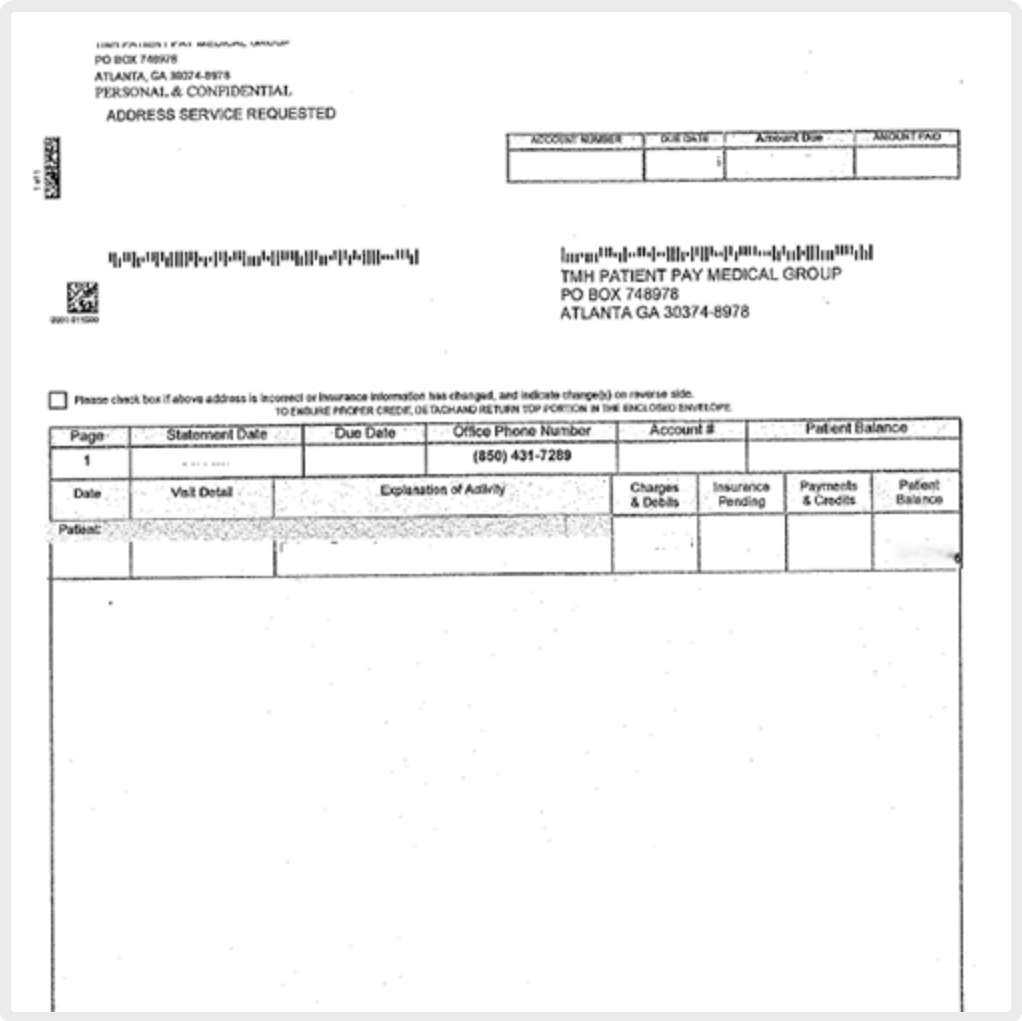
Please note: This statement contains charges for hospital services only. If you have received professional services from a physician or medical specialist, then bills for those services will be sent to you separately.

Please detach and return with your payment

Responsible Party:

PATIENT ACCOUNT INFORMATION
Account#:
Patient Name:
Service Dates:
Amount Due:

Pay Your Bill with Instamed


PO BOX 748978
ATLANTA, GA 30374-8978
PERSONAL & CONFIDENTIAL
ADDRESS SERVICE REQUESTED

ACCOUNT NUMBER	DUE DATE	Amount Due	AMOUNT PAID

TMH PATIENT PAY MEDICAL GROUP
PO BOX 748978
ATLANTA GA 30374-8978

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.
TO ENSURE PROPER CREDIT, DETACH AND RETURN TOP PORTION IN THE ENCLOSED ENVELOPE.

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance
1			(850) 431-7289		

Date	Visit Detail	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Balance
Patient:						

Pay Your Bill with Instamed

Understanding Your Bill at the Cancer Center

At the Tallahassee Memorial Cancer Center, our priority is your care and peace of mind. We are here to help patients understand our billing practices.

The Tallahassee Memorial Cancer Center is considered a hospital-based outpatient center and part of the Tallahassee Memorial HealthCare system. Even though you are coming to one appointment, insurance may

split the bill into two parts: the provider’s care and the facility’s clinical services. Learn more by reviewing the attached FAQs.

Read the FAQs

Tallahassee Memorial Financial Policy

Tallahassee Memorial HealthCare (TMH) is committed to meeting the health care needs of the community. As a not-for-profit system, TMH provides non-elective services to patients without regard to financial status or ability to pay. At the same time, TMH relies on income from patients to reinvest in clinical programs aimed at promoting the health of the community. We ask that you cooperate in meeting your financial obligation to TMH. However, if you anticipate any difficulty in paying your hospital bill, or if you would like to apply for financial assistance as outlined below, please contact

Patient Financial Services
850-431-6200
Monday through Friday
8:30 - 4:30 p.m.

Before You Receive Services

Your physician will contact TMH to schedule services. Once services are scheduled, a Patient Account Representative will review your insurance information and confirm your benefits. They will also ensure any prior authorization requirements have been met. They will prepare an estimate of charges customized to your insurance plan and contact you to discuss your estimated out-of-pocket expenses. You have a right to request an estimate prior to services and to receive it within seven (7) business days of your request. In addition, you have a right to receive a revised estimate should your scheduled services be changed by your physician. Even if you

do not have insurance, you may still request an estimate. Please contact a representative at 850-431-5497 if you have any questions regarding estimates.

Pricing Transparency

At TMH, we are committed to helping you make informed healthcare decisions. We offer tools and resources to estimate the cost of your care and understand what to expect financially.

Get a Cost Estimate

You can use our online estimator to understand your out-of-pocket costs based on the services you may receive at TMH. Estimates are based on facility charges only and do not include fees from physicians or other independent providers such as anesthesiologists, pathologists, radiologists, emergency room doctors, hospitalists, any other private practitioners involved in your care.

Please note: this is only an estimate. Final charges may vary depending on the services provided, complications, or other unforeseen factors.

- If you have insurance, your estimate will reflect your specific coverage and benefits.
- If you do not have insurance, the estimate will reflect our standard uninsured rates.

Be sure to have your insurance information ready when using the estimator.

Get a Cost Estimate

Standard Charges (Machine-Readable Files)

In accordance with federal price transparency requirements, TMH provides a comprehensive, machine-readable file of standard charges for all hospital services:

Standard Charges - Machine Readable File

Please note: These files are intended for regulatory compliance and may not be user-friendly or helpful for estimating your out-of-pocket cost. They include gross charges, negotiated payer rates, minimum and maximum rates, and discounted cash prices. The information in the file is current as of the date posted and is updated periodically when necessary.

These figures do not reflect what you will pay as a patient. For a more accurate and consumer-friendly cost estimate, please use our online estimator tool or contact us directly.

If you have questions about your estimate, please email us at patientestimate@tmh.org or call (850) 431-5497.

Good Faith Estimate

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give **patients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any

other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit CMS.GOV/NOSURPRISES or call 1-800-985-3059.

Agency for Health Care Administration (AHCA)

The Agency for Health Care Administration (AHCA) provides information on hospital pricing and quality at healthfinder.fl.gov. The data is a compilation of charges for the average patient and may vary from the charges on your bill. Actual costs will be based on services actually provided and may be more or less than the estimates found on the FloridaHealthFinder website.

Additionally, contact the healthcare providers expected to provide services during your hospital stay to obtain an estimate of their costs, inquire about their billing practices, and determine if they participate in your health plan.

What Happens After I Receive Services At TMH?

Once you receive services, charges will be entered on your account based on the services you received. These charges will be based on amounts generally billed to private insurance carriers, as well as government payers such as Medicare. Diagnosis codes will then be entered representing the care provided. If you provided insurance information at the time of service, a claim will be submitted to your insurance company. Once your insurance company has processed the claim, you will receive a statement for any patient balance due. If you have questions when you receive your statement, please contact Patient Financial Services. If you are unable to

pay in full, a payment plan may be established. If you are unable to make any payment, you may qualify for financial assistance, as outlined below.

What Types of Insurance Does TMH Accept?

Tallahassee Memorial Hospital generally accepts any type of insurance provided (see below for a list of accepted providers). If TMH is a participating provider, your insurance company will receive a discount based on its contract with TMH. Any amount indicated as patient responsibility will be billed to you after insurance payment. If TMH is not contracted with your insurance company, you will be responsible for any amount not paid by your plan. In addition, you may receive services from independent providers, such as radiologists, pathologists, etc. In these cases, you will receive a separate bill from those providers. You should contact your insurance company to determine if the independent providers are in your network. Remember that your plan is a contract between you and your insurance company. We will make every effort to bill your insurance and work with your insurance company, however, you are ultimately responsible for your bill with TMH.

Physicians who are affiliated with TMH and may bill separately are listed in our physician directory.

Please note that hospitals may not be included in all health plan product offerings. Please check with your insurance company for more information.

In addition to commercial insurance plans, TMH participates with Medicare, Medicaid, Tricare, and other government-sponsored programs. Regardless of the type of coverage, please be sure to provide an insurance card at registration so a claim may be submitted to your plan. If we are not notified of your insurance at the time of service, penalties may be applied for late notification. It is your responsibility to ensure we have accurate, current insurance information on file. If you need to provide

insurance information after service, please contact Patient Financial Services.

Private Insurance Plans Accepted

Please see the list below of private insurance plans accepted at Tallahassee Memorial HealthCare. If you do not see your insurance plan listed, please call us at 850-431-6200 to see if we accept your plan.

Aetna
Beech Street
Blue Cross/Blue Shield of Florida
Capital Health Plan
Cenpatico Behavioral Health
Choice Care (Humana)
Cigna Healthcare of Florida
Cigna Behavioral Health
Community Health Solutions of America (CHS)
Florida Medicaid
Georgia Medicaid
Humana Military (Tricare)
Humana Veterans Healthcare
Lighthouse Health Plan
Magellan Behavioral Health
Naphcare
New Directions Behavioral Health
Novanet
Private Healthcare Systems
Simply Health Plans
United Behavioral Health
United HealthCare of Florida
Value Options
WellCare Health Plans

What If I Don’t Have Insurance?

Tallahassee Memorial Hospital provides medically-necessary services to patients without regard to their ability to pay. If you do not have insurance, you may receive a discount, which will be reflected on your first statement. You may also be eligible for financial assistance. Finally, you may qualify for a government-sponsored program like Medicaid. We have representatives available to assist you with managing your hospital bill. Please contact Patient Financial Services with any questions.

Hospital-Sponsored Financial Assistance Program

The Hospital Sponsored Financial Assistance Program (FAP) is available for uninsured and underinsured patients. The FAP is a free care and sliding scale discount program based on the patient’s family income and household size. Uninsured and underinsured patients with family incomes at or below 200% of the Federal Poverty Guidelines (FPG), or whose total liability exceeds 25% of the annual family income, are eligible for 100% charity. Uninsured and underinsured patients with family incomes between 201-400% of the FPG are eligible for discounted care that will be determined by household income and family size. Uninsured and underinsured patients with family incomes exceeding 400% of the FPG may be eligible for discounted care.

Financial Assistance Program Requirements

- Patient does not have to be a U.S. citizen
- Patient does not have to be a Florida resident
- Patient is not eligible for Medicaid
- Medicare patients are eligible only if they qualify for 100% charity based on income/household size

- FAP applies to all patients regardless of age, gender, race, ethnicity, creed or national origin
- FAP covers all medically-necessary, non-elective services
- The patient's liquid and non-liquid assets (excluding personal residence, retirement funds, and automobile) are considered in the final determination of financial assistance as possible sources of payment.

Financial Assistance Program Application Process

- The Application for Assistance with Hospital Expenses will be used as the application form for the process.
- One witnessed signature is required on the application (the patient, guarantor, or legal representative).
- A FAP application can be used to cover services rendered 12 months after the date of the FAP approval.
- All FAP applications and records will be scanned and retained for a minimum of 3 years.

Forms and Policies

- Application for Assistance with Hospital Expenses
- Application for Assistance with Hospital Expenses Spanish
- Plain Language Summary of Financial Assistance Policy
- Plain Language Summary of Financial Assistance Policy - Spanish
- Financial Assistance Policy and Emergency Medical Care
- Financial Assistance Policy and Emergency Medical Care - Spanish
- Your Rights and Protections Against Surprise Medical Bills

Non-Covered Services

- Cosmetic surgery
- Non-medically necessary services, without extenuating circumstances

For Additional Information

Please contact Customer Service to request a copy of the financial assistance policy or with any questions regarding TMH's Financial Assistance Program. Normal business hours are 8:30 – 4 pm, Monday-Friday.

Patient Financial Services
850-431-6200

What Happens If I Don't Pay My Bill?

Your hospital bill is due at time of service. However, if you have insurance, we will seek payment from your plan prior to billing you for any patient balance. Whether you are insured or not, once you begin receiving statements, payment is expected. If you are unable to pay in full, a payment plan may be available. If you are unable to make any payment, you may qualify for financial assistance, as outlined above. If no payments are received, or no payment plan established, you will receive statements from TMH before your account is referred to an external agency, which will send additional letters in an attempt to collect. If no arrangements for payment have been made after these attempts, your account will be placed with an external agency for active collections. You will receive a notice from the agency immediately following placement. You will be given an opportunity to make arrangements for payment of the account. At any time in this process, you will be able to apply for financial assistance. After thirty (30) days from placement with the collection agency, the account may be reported on your credit file as a delinquent item.

(850) 431-1155

1300 Miccosukee Road

Tallahassee, FL 32308

Get Directions

Quick Start

Find a Doctor

Find a Location

Login to MyChart

Give to TMH

Pay a Bill

Classes & Events

Volunteer

Contact Us

For Professionals

Careers

TMH Medical Staff

TMH Colleagues

Referring Physicians

Lab Services

Employment Verification

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Research and Education

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Residency Programs

More Resources

Visiting a Patient

News & Media

Privacy Policy

Price Transparency

Notice of Privacy Practice

Notice of Non-Discrimination

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