Billing & Payment Policy

IF YOU DO NOT HAVE HEALTH INSURANCE: To find out if you may be eligible for government healthcare programs or assistance under the hospital's charity care or discounting policies, please call the admitting management office at 903-531-8011 (tel:+1903-531-8011).

CHARITY CARE: If you are not eligible for coverage under government healthcare programs and your financial condition is such that you are not able to pay for hospital services, you may be eligible for assistance under the hospital's charity care program. To apply for charity care, you must complete a financial assistance application, provide requested financial verification documents and be screened by a financial counselor to determine eligibility. If determined eligible for assistance, you may receive needed services at no charge or at discounted amount.

DISCOUNTING POLICY FOR UNINSURED: UT Health East Texas provides a discount off the total bill for hospital services if you are uninsured and do not qualify for coverage under government healthcare programs or for charity care under the charity care policy. The discount applies only to the bill for the hospital services and NOT to any doctor or professional bills related to this care.

IF YOU HAVE HEALTH INSURANCE: Depending on your health insurance coverage, you may be personally responsible for payment for hospital services and for services provided by your doctor or other healthcare providers. Please contact your health plan to confirm benefit coverage, deductibles, copayments, co-insurances and other plan provisions that may impact your responsibility for payment.

PAYMENT PLANS: If you are personally responsible for payment for all or part of the bill for hospital services and you are not able to pay the amount due within 30 days, please call 844-220-6803 (tel:+1844-220-6803) for information on payment plans.

DISCLOSURE OF PARTICIPATION IN HEALTH PLAN NETWORK: You have the right to request a written disclosure at the time you are first admitted or treated that provides confirmation whether the hospital is a participating provider under your health plan. Some facility-based doctors at the hospital, such as emergency room doctors, anesthesiologists and other healthcare providers, may not be in the same health plan network as the hospital and may not be in your health plan's network. This may result in more out-of-pocket expense for you. You may request a listing of facility-based doctors who practice at the hospital. Please call the admitting management office at 903-531-8011 to request this listing. You also may request information from these doctors on whether they have a contract with your health plan and under what circumstances you may be responsible for payment of any amounts not paid by your health plan. Please contact your health plan to verify if the doctors or other healthcare providers who will be treating you are in the plan's network.

RECEIVING SEPARATE OR ADDITIONAL BILLS: You can expect to receive a bill from the hospital as well as separate bills from various doctors and other healthcare providers for their professional services. Usually, more than one doctor will care for you at the hospital and you may receive several doctor bills (attending doctor, surgeon, radiologist, pathologist, etc.).

REQUESTING ESTIMATED CHARGES FOR SERVICES: The hospital will provide you with an estimate of hospital charges for any elective inpatient admission or non-emergency outpatient surgical procedure or other service on request before the scheduling of the admission/service. The estimate will be provided within 10 business days of the request. Please call physician scheduling at 903-531-8000 (tel:+1903-531-8000) to request an estimate.

REQUESTING ITEMIZED BILLING STATEMENT: You have the right to receive a free copy of your itemized billing statement of hospital charges for services, if the request is made within one year from the date of discharge from the hospital. Once requested, you will receive an itemized bill within 30days of the request date. Please call the business department at 844-220-6803 to request a statement.

PATIENT COMPLAINTS: If you have questions or concerns about hospital charges for services or care received at the hospital, please call 844-220-6803 (tel:+1844-220-6803) for assistance. If your complaint cannot be resolved informally at the hospital, you may file a complaint with the Texas Department of State Health Services by phone at 888-973-0022 (tel:+1888-973-0022), or by mail to the Health Facility Compliance Group (MC1979), Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347.

Policies and Disclosures

Notice of Privacy Practices (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/09/14124419/38633-UT-HEALTH-Notice-of-Privacy-Practice-Updates-POSTER_PRINT_ENG.pdf)

Notice of Privacy Practices (Spanish) (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2026/04/14124517/40194-UTHealth-Notice-of-Privacy-Practices-POSTERS-Spanish-11x17-1.pdf)

Billing & Payment Policy (https://uthealtheasttexas.com/policies-and-disclosures/billing-payment-policy/)

Code of Conduct (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/06/09114737/Ardent-Code-of-Conduct-2.pdf)

Complaints and Grievances (https://uthealtheasttexas.com/policies-and-disclosures/complaints-and-grievances/)

Conscience Rights (https://uthealtheasttexas.com/policies-and-disclosures/conscience-rights/)

Duty to Report and Protection if Reporting (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/06/09114738/UTH_Duty_to_Report_Abuse_and_Protection_for_Reporting.p

df)

Emergency Infant Care Provider Location (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/06/09114736/UTH_Emergency_Possession_of_certain_Abandoned_Children.pdf)

Emergency Medical Treatment and Labor Act (English & Spanish) (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/06/09114738/UTHET_-EMTALA_Signage_24x36_080219.pdf)

Good Faith Estimate (https://uthealtheasttexas.com/policies-and-disclosures/good-faith-estimate/)

Insurance Accepted (https://uthealtheasttexas.com/policies-and-disclosures/insurance-accepted/)

Language Assistance/ Nondiscrimination (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/10/09114318/34373_UT_HEALTH_1557_Poster_Resize_PRINT_1.pdf)

Patient Notification of Data Collection (https://uthealtheasttexas.com/policies-and-disclosures/patient-notification-of-data-collection/)

Patient Rights and Responsibilities (https://uthealtheasttexas.com/policies-and-disclosures/patient-rights-and-responsibilities/)

Price Transparency (https://uthealtheasttexas.com/policies-and-disclosures/price-transparency/)

Request Medical Records (https://uthealtheasttexas.com/policies-and-disclosures/request-medical-records/)

Surprise Billing Protection (https://cdn.ardenthealthservices.com/uthet/wp-content/uploads/sites/17/2025/06/09114738/Surprise-Billing-East-Texas.pdf)

Website Privacy Policy (https://uthealtheasttexas.com/policies-and-disclosures/website-privacy-policy/)

Website Terms (https://uthealtheasttexas.com/policies-and-disclosures/website-terms/)