

# Frequently Asked Questions

## Who will bill my insurance?

A Patient Access Representative of Lake Chelan Health will collect your insurance information at the time of service (if applicable). We will then bill your insurance (usually 5-10 days after services were provided) on your behalf. Once the insurance has processed the claim and has determined what the patient is responsible for, Lake Chelan Health will send you a bill. There are times your insurance needs additional information from you, the patient in order to process the claim. If this is the case, a bill will be sent to you for the total amount of the account due to let you know we need your assistance.

## Why am I being asked for my insurance information again? My doctor should already have it.

In order to successfully bill your insurance, it is important that we verify your information at each visit. Additionally, physicians are not always employed by the hospital. Physicians keep their own patient information.

## I was in the hospital several weeks ago, why haven't I received a bill?

For patients with health insurance, once your insurance company has been billed and has responded to us, we determine what is patient responsibility, a bill will be sent. Lake Chelan Health mails statements on a monthly basis. Please be advised that it can take a minimum of 45 business days on average for an insurance company to process your claim.

## Why did my statement have an "adjustment" amount?

This adjustment amount is referring to the amount of the bill that Lake Chelan Health has agreed not to charge you in agreement with your insurance company. Insurance companies, if contracted with the hospital, pay the hospital at a discount, or "negotiated" contract rate. When the insurance company pays their portion, the discounted amount (adjustment) is taken off to show the true amount due from the patient (co-payment, co-insurance, and/or deductible). For example, a hospital may charge \$10,000 for a surgery that your insurance has only agreed to pay \$2,500. Of that, the patient would be responsible for paying \$500 if their co-insurance was 20%. Therefore, the insurance would pay \$2,000, the patient would pay \$500, and \$7,500 would be the contract adjustment the hospital would put onto the patient account.

## **I have coverage under my own insurance through my employer, as well as my husband's. Since the deductible is less with his insurance, can I use his insurance instead of mine?**

Unfortunately, no. Under a provision called "Coordination of Benefits", the hospital is required to bill the insurance that would be considered primary for you, which would be your own. Your husband's insurance would be secondary. Any health insurance which you are the primary holder, must be billed before any other insurance. If you have dependents with more than one insurance, such as children who are covered by both parents. The "Birthday Rule" would apply. The primary insurance would be determined by whichever parent's birthday came first by month (not year of birth).

## **What if my service is related to an accident or injury, such as an automobile accident?**

If you seek treatment for accident related illness or injury, you should let the Patient Access Staff know. If there is other insurance involved that might be responsible for payment, we can bill them on your behalf. Note, that if services are related to an accident or injury where someone else may be liable, your medical insurance may not make payment. It is best to disclose this information as soon as possible to resolve any bills associated with care. You will be responsible for any amount not paid by the insurance.

## **What if I am in the middle of a lawsuit?**

A lawsuit is an action taken between you and another party which does not involve us. You are responsible for your account, not the third party. We are unable to wait for settlement or judgement to be paid. If unable to make payment in full, we suggest setting up payment arrangements on your account.

## **Who is responsible for payment and follow-up with the insurance company?**

If you are 18 or over, you are legally responsible for your own account, regardless of who carries your insurance, if you are claimed as a dependent on another person's taxes, or who you live with. If the patient is under the age of 18, BOTH parents, despite divorce or legal separation, or the legal guardian are responsible for payments.

We encourage you to know the specifics of your insurance plan, its exclusions and limitations of benefits, co-pays, co-insurance, and deductible amounts, second opinions, pre-authorized services, preferred providers, covered and non-covered services. Lake Chelan Health does request pre-authorization from your insurer for

your hospital and/or surgical visit. This DOES not guarantee payment. Payment will be made according to your contract with your insurance.

Lake Chelan Health can provide you with the medical information needed to dispute and/or appeal if you disagree with how your insurance processed your claim for services provided.

### Can I find out how much I will need to pay?

A representative from Patient Access Department or Centralized Scheduling may provide you with a good faith estimate. Some services are difficult for us to estimate, unless we know exactly what your physician plans to order. If you have a signed physicians order, this is best. The estimate provided will be a "best estimate" based on the information regarding your procedure provided by you, your physician and/or healthcare provider and the billing codes. If you are insured, it will also take into consideration your how your insurance covers that service. Estimates can be provided prior to, or at the time of service for most services. Some services such as Emergency Room, Observation, and/or Inpatient services are difficult to estimate due to the circumstantial nature of the services being provided. However, we will inform you of your insurance coverage in these cases.

### Do you have someone there to help me apply for insurance?

Yes, we do! Our Patient Financial Counselor is not only here to assist those in making payment arrangements, apply for Financial Assistance, they are also a certified Navigator for the state of Washington. You can schedule an appointment with them by calling 509-682-6103.