Let's Talk About...

Medical finances

Families often worry about finances. You may feel stressed trying to understand terms and paperwork. Such worry is normal, especially when your child is receiving medical care. Parents feel better when they know what to expect, what information and paperwork to bring to the hospital or clinic, and where to get information. Specially trained staff in Hospital Billing Services want to help you with your questions and provide options for you.

What happens before I go to the hospital for my child's scheduled visit?

Patient Access, or Registration, may call you before your child comes to the hospital. The caller will ask for your insurance information. Most of this information is on your insurance card. The caller will ask for the name of your insurance, the policyholder's name, and the policy number. He will also check your personal information like your address, phone number, and work information.

If your child has insurance or Medicaid, a member of Patient Access will review your insurance information and coverage before your child arrives at the hospital. They may call you and tell you how much your insurance may pay on your bill. They may be able to tell you what you will need to pay. Their estimate may include copayments or deductible amounts. They will ask you to pay all or part of the estimated amount. They will explain your payment choices. They will also review financial help that may be available. Be sure to ask any questions you may have.

Self-pay or private pay is when your child does not have insurance (or Medicaid) and you pay the bill yourself. This means the patient, or usually the patient's parent or guardian, is responsible for the bill. Intermountain Healthcare gives a discount to self-payers, some payment choices for self-payers, and financial assistance for those who qualify.

What happens when my child arrives at the hospital?

If you have already registered your child, you will check in. If you have not already registered your child, you will register at Patient Access.

When you and your child arrive, you may have to give some information again, like your insurance coverage. If you did not receive a phone call from Patient Access before your visit, you will need to give them information when you arrive at the hospital. Either way, it is important to bring your insurance card any time you come to the hospital. A doctor's office or clinic may also ask for your insurance card.

It is also important to bring your identification with a photo, any referral or authorization numbers, and a way to pay your bill, such as your checkbook or credit card.

If your child is younger than 18 years old, you will be asked to sign a form called Condition for Admission/Consent for Treatment. When you sign this form, the hospital can bill your insurance for you.

Sometimes a particular insurance will not pay for your child's medical services. In this case, you may be asked to sign a Coverage Waiver form. A person from Hospital billing services or Patient Access will talk to you about how you will pay for your child's medical expenses.

What are insurance benefits?

Insurance benefits are what insurance pays for your child's medical care. The benefits can differ, based

on your specific benefit plan, which clinic your child visits, which doctor your child sees, and what services your child receives.

Most insurance plans pay a different amount for inpatient and outpatient visits. Many insurance plans play a different amount for seeing a doctor at a clinic building and seeing a doctor at a hospital clinic.

Where do the bills come from and who do I call with questions?

After your child's visit, your bills may come from many different places. Bills may come from the hospital, other hospitals, groups of doctors, or other sources. Patient Account Representatives can only help you with bills from Primary Children's and other Intermountain Healthcare facilities. Your bill from Primary Children's will have a phone number that you can call for information.

If you need help understanding a bill that is not from the hospital or another Intermountain Healthcare facility, call the number on that bill. If you cannot find the number to call on your bill, a social worker or account representative can help you find the phone number.

Are there programs that can help?

Part of Primary Children's mission is to provide care for children even if their parents have limited resources.

Some children qualify for insurance assistance from their home state. They may qualify because their family has a low income or the child has a disability. Medicaid and the Children's Health Insurance Program (CHIP) are two state-run insurance programs. If your child qualifies for Medicaid or CHIP, the hospital's Medicaid Outreach office can help enroll him in these programs. If you would like more information about Medicaid or CHIP, ask for a Patient Account eligibility counselor by calling 801.662.3860.

If you do not have insurance or if you need help to pay for your child's care, you can call Hospital Billing Services at 801-387-7696 or 1-800-308-1910. A representative can tell you about Intermountain Healthcare's financial assistance program.

What are some commonly used terms?

You may not be familiar with words used to describe your bill or your benefits. It is OK to ask what a term means. Below are some commonly used medical finance words and their definitions:

- **Authorization:** an OK from an insurance plan to get medical care.
- **Beneficiary:** the person who gets the insurance benefits. The beneficiary is sometimes called a member.
- **Benefits:** the medical services that your insurance plan will pay for. Your benefits depend on your particular plan.
- **Benefits exhausted:** a benefit limit that a patient has reached. The insurer will not pay any more, even if you make more claims for that benefit. This may be a yearly dollar amount or lifetime total dollar amount. It could also be a limit on a type of service, for example, rehabilitation therapy or mental health services.
- **Billed charges:** the total amount billed for health care services and supplies.
- **Billing statement:** the document that tells you what was billed or paid on an account.
- **CHIP:** a state and federal Children's Health Insurance Program for low-income families who qualify.
- **Claim:** a bill for services that your child received. This is sent to the insurance company.
- **COBRA:** a federal law that allows employees to self-pay for insurance through their employer after losing eligibility or employment. COBRA insurance is available for at least 18 months.
- **Coinsurance:** the percent you pay the health care provider for hospital services. For example, if your child's insurance pays 80% you pay 20%, so 20% is your coinsurance.
- **Copayment or Copay:** an amount you pay each time your child receives services.

- **Cost estimates:** the average cost of a hospital service. This is an estimate of how much your child's services will cost. The cost estimate does not include most doctor costs.
- **Covered benefit:** a service or item that your insurance pays for. The amount that insurance pays is based on your insurance plan.
- **Deductible:** the amount you pay each year before insurance pays. For example, insurance will begin to pay after you have paid $250 for medical services in that year.
- **Deposit:** money given as security or part payment to the hospital. You may be asked to pay a deposit before a service.
- **Eligibility:** the conditions describing who can get health care coverage.
- **Explanation of Benefits (EOB):** a report sent by your insurance company. It explains how they handled your insurance claim.
- **Intermountain Healthcare's Financial Assistance Program:** a program that can help you with medical bills. There are guidelines according to how much money you earn, how big your family is, and your medical debt. This is a link to Intermountain Healthcare's financial assistance web page: http://intermountainhealthcare.org/communitysupport/billingassistance/assistance/Pages/home.aspx
- **Inpatient:** a patient who stays in the hospital for more than 24 hours or a patient who is admitted to the hospital.
- **Medicaid:** a health insurance program that provides healthcare coverage for some low-income people who cannot afford health insurance. Medicaid is a federal program managed by each state.
- **Medical services:** the treatments, procedures, and equipment that your child receives.
- **Out-of-pocket maximum:** the maximum amount that your insurer requires you to contribute toward the cost of your child's care, usually in a given year. It normally applies only to eligible services, and it may not apply to all types of benefits or providers. Your insurance company can explain your maximum to you.
- **Outpatient:** a patient that stays in the hospital less than 24 hours and is not admitted to the hospital. Insurance may pay different amounts for outpatients and inpatients.
- **Participating provider:** a doctor, medical group, or hospital that has a contract with your insurance company. The participating provider who contracts with your insurance may charge lower fees as part of the contract.
- **Non-participating providers:** a doctor, medical group, or hospital who does not have a contract with your insurance. Usually, you usually pay more when your child sees a non-participating provider.
- **Payment Plan:** an agreement to pay the hospital or doctor money in installments over time. Sometimes, the provider may charge interest. You pay until you have paid the bill completely.
- **Pre-register:** the process of giving information to Patient Access before you bring your child to the hospital. The hospital may call you to pre- register.
- **Pre-existing conditions:** health issues your child had before you had insurance coverage. Your insurance plan may not pay for these.
- **Prior authorization:** an OK from your insurance plan for a planned stay or service before your child receives the service or stay in the hospital. Sometimes, insurance has to say OK first, and without it, the plan will not pay.
- **Self-pay:** when your child does not have insurance. You are responsible to pay the bills yourself.
- **Service provider:** any person or place that gives your child medical services. Examples include doctors, clinics, and the hospital.
- **Third Party Liability (TPL):** a type of insurance that helps pay for injuries. Examples include a homeowner's policy or car insurance. The hospital may bill TPL first.

- **Verification:** The process Patient Account Services takes to find out your insurance eligibility. The representative may also check on your benefits. He may ask for a pre-authorization for services. Not all services may be verified before you leave.

If you have any questions about these terms or options, please call Patient Account Services at 801.662.3990 or an eligibility counselor at 801.662.3860.

Families helped create this handout document, with support from the Family Advisory Council.

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Pediatric Education Services, 801.662.3500 | Rev. 12/14, LTA520700996 | *Available in Spanish*