



Billing Disclosure

HMH Financial Assistance Policy – Attachment A

Estimated Hospital Charges and Patient Portion Estimation

An estimate of hospital and clinic charges is available upon request for services scheduled in advance and is prepared based upon the care specifically ordered by your referring physician. For emergency care and other services not scheduled in advance, an estimate of hospital and clinic charges will be prepared based upon presenting signs and symptoms or chief complaint. Preliminary estimations for all hospital and clinic charges are available at the time of admission for outpatient services and upon request during an inpatient stay. Final itemized statements are subject to internal audit for charge integrity and may not be available for a period of time up to 72 hours following discharge.

Billing your Insurance

If you have health insurance, the hospital will bill your insurance for charges in excess of your co-pay, deductible, and/or co-insurance which are due at time of service. If you do not have health insurance, estimated hospital charges are due at the time of service.

In 3-5 days following your discharge from the hospital, a claim will be sent to your insurance company. After receiving the claim, your insurance company may contact you for more information. Your prompt response will assist your insurance company in processing your claim in a timely manner. The insurance company should pay your claim in 30-45 days. Your insurance policy is a contract between you and your insurance company. If you did not follow your insurance plan's terms, your insurance company may not pay for all or part of your care. We will work directly with your insurance company to process your hospital bill in a timely manner. However, we may ultimately request your assistance.

After we receive your insurance payment, we will provide you with a statement showing the insurance payment and any amount you may owe. If you do not pay the outstanding patient portion within 14 days after insurance payment is received, your account may be placed with an external collection agency. If the patient portion remains unpaid at 120 days from the date of discharge, your account may be reported as delinquent to the credit bureau.

Accounts with patient portions that remain unpaid following exhausted internal collection attempts may be sold to an external collection company. If your account is sold to an external collection company, Huntsville Memorial Hospital no longer owns the debt. All communication regarding the outstanding patient portion, and payment of the outstanding patient portion must be made directly to the external collection company. These companies may include C&E Acquisition Group, LLC; Multisource International, LLC; and Everest Receivables Services, Inc.



Financial Assistance

Huntsville Memorial Hospital has a tradition of serving the poor, the needy, and all who require health care without regard to a patient's ability to pay for health care costs. Uninsured patients may complete an application to determine qualification for financial assistance. The hospital Financial Assistance Policy (FAP) and application is available upon request in the Admissions Department, and is also located on our hospital internet site at www.huntsvillememorial.com. This document provides clarification regarding the methodology utilized to determine Amounts Generally Billed (AGB). The hospital provides a 75% discount off the total bill for medical services if you are uninsured and do not qualify for financial assistance under the hospital's Financial Assistance Policy or any other governmental health care programs.

Community Benefits Plan

In keeping with its mission, Huntsville Memorial Hospital prepares an annual report of the programs, services and benefits it offers to the community. This report is public information. It is filed with the Texas Department of State Health Services and is available to the public upon request from the Office of Health Information and Analysis, 1100 West 49th Street, Austin, Texas, 78756.

Complaints

If you have questions or concerns about charges for services or care received, please call 936-291-4512 for assistance. If your complaint cannot be resolved by Huntsville Memorial Hospital, you may file a complaint with the Texas Department of State Health Services by phone at 1-888-973-0022. You may also file by mail to: Health Facility Compliance Group (MC1979), Texas Department of State Health Services, P.O. Box 14937, Austin, Texas 78714-9347.

Contracted Health Plans

Huntsville Memorial Hospital and Clinics are contracted with the following payers:

Aetna Exchange	Medicare
Aetna Health Plans of Texas	Molina Healthcare of Texas, Inc.
Aetna Medicare Advantage Network	Molina Healthcare of Texas, Inc. (STAR for Kids)
Blue Cross Blue Shield of Texas Exchange	Scott and White Health Plan
Blue Cross Blue Shield of Texas Traditional, PPO and POS	Texas Children's Health Plan Amendment (STAR Medicaid)
Care Improvement Plus	Texas Children's Health Plan Managed Medicaid
Community Health Choice, Inc., Medicaid	Texas Healthspring (Medicare HMO)
Humana Care Choice Network	Texas Kids First, LLC
Humana Military Services (TRICARE)	Three Rivers Provider Network (TRPN)
Medicaid	United Healthcare
	United Healthcare CHIP
	USFHP



Please contact your health plan in advance of hospital and clinic visits to determine whether or not your plan is considered in or out of network. Your plan representative can answer questions regarding general coverage limitations and out of pocket expenses that you may incur. You may have an obligation to notify your health plan in advance to obtain referrals and/or authorization for care that is rendered in a hospital or clinic setting.

Physicians and Other Providers

In addition to hospital charges, you may receive separate bills from physicians and other providers who participated in your care. These providers include your referring physician, attending physician, and specialists who are separately contracted and may not be network providers for your healthcare plan. They may be governed by billing rules and procedures that are not the same as the hospital or clinic. They may have different criteria for financial assistance application and qualification. Application and qualification for financial assistance at the hospital and/or clinic is separate from any financial assistance application and qualification that may be required by other providers. Billing questions for these providers should be directed to their individual offices. Contact information is provided below for Emergency Room Physicians, Radiologists, Pathologists, Anesthesiologists, and Hospitalists. If you have questions regarding a specific provider of service who is not listed below, please contact us at 936-291-3411.

❖ **HMH Hospital Emergency Room Physicians
Team Health
2620 Ridgewood Road #300
Akron, OH 44313
(888) 952-6772**

❖ **Anesthesiologists
Premier Anesthesia
2655 Northwinds Pkwy
Alpharetta, GA 30009
(877) 742-0399**

❖ **Pathologists
Community Pathology Associates
P.O. Box 4677
Houston, TX 77210-4677
(800) 262-8848 or (713) 798-3677**

❖ **Radiologists
Bryan Radiology Associates
2722 Osler Blvd., P.O. Box 5306
Bryan, TX 77805
(979) 776-8291**

❖ **Hospitalists
Hospitalist Doc
PO BOX 946
Montgomery TX 77356
(281) 408-4108**

NOTICE

Consumer Access to Healthcare Information

Texas Senate Bill 1731

The following are available to consumers upon request:

A list of managed care plans the facility participates with;

A list of facility-based physicians with privileges to practice at this facility;

An estimate within 10 days in advance of scheduling a procedure;

Hospital billing policy.

Consumers have the right to the following:

To ask facility-based physicians about their network status and the
consumer's responsibility for balance of bills.

*Physicians who provide services may not be in-network, therefore, the consumer may
be subject to balance billing from out of network providers*